

# Connecting Communities

2022 Mecklenburg County Community Health Assessment



MECKLENBURG COUNTY  
North Carolina

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### **To the Residents of Mecklenburg County,**

Over the past three years, we have witnessed the strength of those who call Mecklenburg County home as we rallied to combat the threat of COVID-19 within our community. The pandemic's physical and socioeconomic implications linger, contributing to overall health and quality of life outcomes in Mecklenburg County. Now more than ever, it is important to collect and analyze local health data paired with resilient community voices to understand Mecklenburg's assets, strengths, and needs as we aim to address longstanding health inequities exacerbated by COVID-19.

As a public health department, we are responsible for ensuring equitable access to local health information to advise advocacy, strategic planning, community education, and financial investments. Therefore, on behalf of Mecklenburg County Public Health, I present *Connecting Communities: 2022 Community Health Assessment*. *Connecting Communities* was drafted in partnership with residents, community-based organizations, healthcare systems, and public health. The assessment provides a snapshot of the health and well-being of Mecklenburg County residents and specifies priority areas of focus for community health improvement planning.

Roger Wilkins, Civil Rights champion, lawyer, professor, and journalist once stated, "We have no hope for solving our problems without harnessing the diversity, the energy, and the creativity of all our people". The described priorities are big issues requiring big solutions that no single person, organization, or entity can resolve alone. I invite you to connect to this important work. Bring forth your creativity and diversity of thought to ensure innovative wide-reaching solutions generating impactful, measurable change. Together, I am confident we can improve structures, overcome barriers, and increase opportunities to be the healthiest county for all to learn, live, work, and play in safe and thriving communities.

Sincerely,

Dr. Raynard Washington  
Health Director, Mecklenburg County

# Executive Summary

## PURPOSE

The Community Health Assessment (CHA) process periodically assesses local data to understand the strengths and needs of our diverse and changing community to inform community health improvement planning, programmatic decision-making, policy development, and financial investments to improve community health outcomes.

## VISION

The Mecklenburg County Community Health Assessment aims to place data in the hands of residents, community-based organizations, and other partners, empowering them to work collectively and build on existing assets to improve structures, overcome barriers, and increase opportunities to be the healthiest community in which to live, work, and play for all.

## LEADERSHIP

Historically, every four years, Mecklenburg County Public Health (MCPH) and a steering committee of community partners led the CHA. In 2022, MCPH joined Novant Health, Atrium Health, and One Charlotte Health Alliance to conduct a single assessment every three years. The newly implemented approach avoids duplication while satisfying all reporting and regulatory requirements for public health via the North Carolina Department of Health and Human Services, and health care systems through the Affordable Care Act.

## 2022 Mecklenburg CHA Advisory Committee

The CHA Advisory Committee informed all phases of the CHA process including assessment design, survey recruitment, community engagement activities, and data analysis. The team included representation from public health, healthcare systems, and the nonprofit sector.

Organization	Representative	Title
Atrium Health	Kristen Soni	Manager, Department Strategy and Programs
Atrium Health	Jennifer Snow	Associate Vice President of Community Health Strategy
Novant Health	Lila Riley	Compliance Lead, Community Engagement
Novant Health	Ylida Roberson	Director Program Management-Population Health
Novant Health	Robbie Doran	Manager, Community Engagement
Novant Health	Kimberly Dull	Director of Performance, Community Engagement and Social Determinants of Health
Novant Health	Keiley Como	Manager, Community Health Worker Program
One Charlotte Health Alliance	Rodney Gaddy	Executive Director
One Charlotte Health Alliance	Emily Lancucki	Operations Director
Mecklenburg Co Public Health	Paige Bennett	Deputy Health Director
Mecklenburg Co Public Health	Kimberly Scott	Assistant Health Director, Population Health
Mecklenburg Co Public Health	Susan Long-Marin	Epidemiology Manager
Mecklenburg Co Public Health	Donna Smith	Epidemiologist



## THEORETICAL FRAMEWORK

The Mecklenburg CHA uses a modified version of the Assessment Protocol for Excellence in Public Health (APEXPH), a framework developed by the National Association of County and City Health Officials (NACCHO), the American Public Health Association (APHA), the Centers for Disease Control and Prevention (CDC), and several other national public health associations.<sup>1</sup>

1. Review Data
2. Prioritize Findings
3. Communicate Findings
4. Action Planning

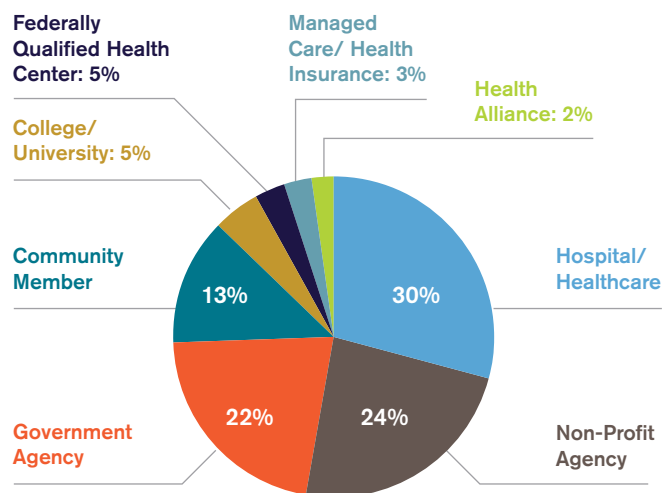
## PROCESS

CHA planning began in February 2022. The data review and community opinion survey were conducted in late spring and the summer of 2022. Community meetings were held on July 27, 2023. Preliminary findings were released in August 2022 to allow Novant Health to meet their December 2022 CHNA deadline. The final report was submitted to the North Carolina Division of Public Health on May 1, 2023. The interim between the release of the preliminary findings and the final report was used to update the data as new information became available, further explore the findings from the community opinion survey, develop municipal profiles, and complete the final report.

## COMMUNITY PARTNERSHIPS

- Academy for Population Health Innovation (APHI), University of North Carolina-Charlotte
- Atrium Health Community Health Workers
- Freedom Communities Food Bank
- International House
- Lions Services
- Metrolina Association for the Blind
- Mecklenburg County Child Fatality Prevention and Protection Team
- Mecklenburg County Government
- Mecklenburg County Public Health Population Health Programs
- Mecklenburg Interfaith Network
- Mecklenburg County Senior Centers
- MedLINK Novant Health Community Health Workers
- Samaritan House

### Mecklenburg CHA Virtual Community Meetings Attendees



## KEY FINDINGS

- **Mecklenburg County is an area of continued growth and increasing diversity.** Between 2010 and 2021, the population grew by 22%. In 2021, Non-Hispanic White residents made up 46% of the population compared to 50% in 2010. Between 2010 and 2021, the Hispanic/Latinx population had one of the largest growth rates, increasing by 30% to represent 13% of the population. Youth outnumber seniors with those under 18 years of age representing 24% of the population and those 65 years and above half that number at 11%.<sup>2</sup>
- **The mortality rate has increased over the past decade.** COVID-19 caused a dramatic increase in 2020 and 2021 mortality rates.<sup>3,4</sup>
- **Chronic diseases account for seven of the ten leading causes of death.** Heart disease and cancer are the first and second leading causes of death.<sup>3,4</sup>
- **Chronic conditions are associated with a higher risk of severe illness and death from COVID-19.** In 2020 and 2021, COVID-19 became the third leading cause of death.<sup>3,4</sup>
- **Injury is the leading cause of death for persons ages 1-44 years.** Unintentional injury is the fourth leading cause of death. The unintentional injury mortality rate has steadily risen over the past decade, partially due to an increase in motor vehicle crashes, but mainly because of an increase in drug overdose deaths; 80% of overdose deaths are due to opioids.<sup>3,4,5</sup>
- **Homicide rates have risen for the past decade.** Homicide was the second leading cause of death for persons ages 15-24 in 2021. Between 2015 and 2020, 50% of homicides in Charlotte occurred in five zip codes (28205, 28206, 28208, 28215, and 28216).<sup>3,6</sup>
- **Black infants are more likely to die before their first birthday than White infants.** Similar to national rates, the county's overall infant mortality rate has decreased over the past decade. However, the Black infant mortality rate is almost three times the White infant mortality rate.<sup>3,7</sup>
- **Healthy behaviors and access to care can help prevent premature death and onset of disabilities.** Over 105,000 adults had no access to health insurance in 2021. The rate of uninsured children has risen since 2016.<sup>8</sup>
- **Behavioral health is a growing priority for youth and adults.** One in five Mecklenburg adults report being diagnosed with depression; one in five Charlotte-Mecklenburg high school students reports seriously considering suicide in the past year.<sup>9</sup>
- **Affordable Housing was the most frequently reported Quality of Life concern among residents surveyed.** Thirteen percent of households experience severe housing burden, spending greater than 50% of their income on housing.<sup>2,10</sup>

## HEALTH PRIORITIES

Consideration of community input and health indicator data resulted in the top four Mecklenburg County priority health issues:

- Access to Care
- Chronic Disease Prevention
- Mental Health
- Violence Prevention



Access  
to Care



Chronic  
Disease  
Prevention



Mental  
Health



Violence  
Prevention

## NEXT STEPS

Findings from the CHA inform strategic planning and collaborative community action to address priority issues. The next step in the CHA process is the development of Community Health Improvement Plans (CHIPs). CHIPs identify existing assets to inform local solutions to priority issues.

The Mecklenburg County CHIP process begins with *Meck Design* in June 2023. *Meck Design* is an interactive day of learning, sharing, and planning to strengthen partnerships and enhance local synergy surrounding community health improvement goals. Completed plans will be submitted to the North Carolina Department of Health and Human Services Division of Public Health for review with plans to launch implementation September 2023.





# Our Community

## BACKGROUND

The Mecklenburg County Community Health Assessment (CHA) is the systematic review of local data compiled to identify and understand factors contributing to the overall health and well-being of residents. The CHA collects information through primary and secondary data. Secondary data includes existing repositories. Primary data are gathered through a mixed methods including quantitative and qualitative approaches.

The process identifies trends and compares the county's health status to the state of North Carolina and selected peer counties nationwide to determine community strengths and areas of need. Additionally, the CHA thoroughly assesses Mecklenburg County's everchanging population to identify underserved groups and geographic regions of the county at increased risk of experiencing inequities in health outcomes. The CHA summarizes key data to support and guide stakeholders toward prioritizing resources to meet community needs.

Ultimately, the CHA aims to place data in the hands of residents, community-based organizations, and other partners, empowering them to work collectively and build on existing assets to improve structures, overcome barriers, and increase opportunities to be the healthiest community to live, work, and play for all.

Historically, Mecklenburg County Public Health (MCPH) has led the CHA process in partnership with a steering committee of local partners. In 2022, MCPH joined Novant Health, Atrium Health, and One Charlotte Health alliance to conduct a single county-wide assessment every three years. The assessment meets North Carolina Department of Health and Human Services Division of Public Health accreditation requirements and healthcare system requirements prescribed by the Affordable Care Act. Most importantly, the unified approach creates one CHA that encourages synergy, collaboration, and a shared understanding of metrics and priorities to inform collective community health improvement planning.

## POPULATION

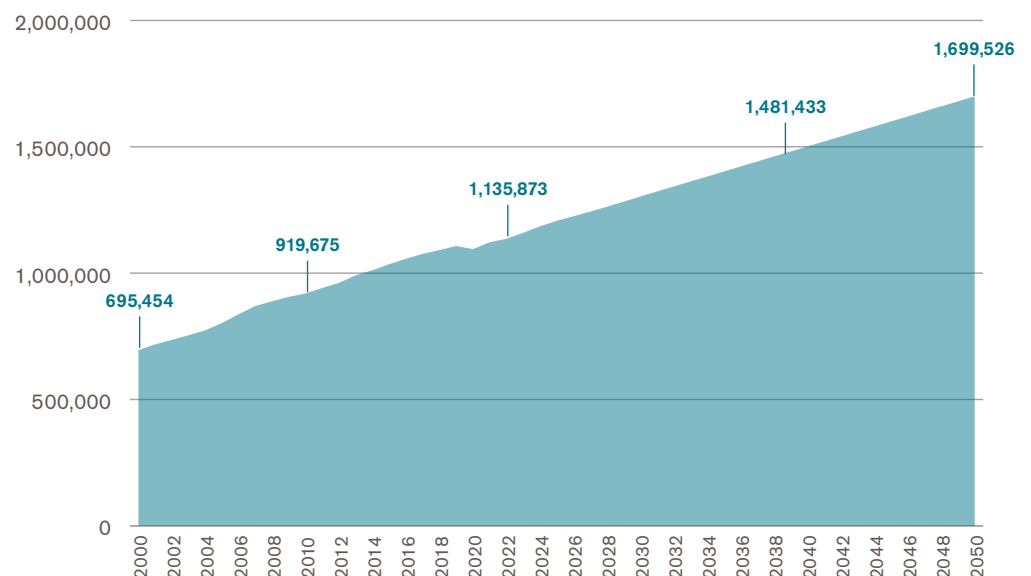
In 2022, Mecklenburg County was ranked the sixth healthiest county in North Carolina by the County Health Rankings & Roadmaps Program and is consistently described as one of the best places to live in the state of North Carolina.<sup>11</sup> The county includes seven municipalities: Cornelius, Davidson, Huntersville, Matthews, Mint Hill, Pineville, and Charlotte, the last which comprises 80% of the county's population.

Home to over 1.1 million people, Mecklenburg County is the second most populated county in North Carolina. In fact, Mecklenburg's population has grown 22% since 2010, a significant increase compared to the state of North Carolina, which experienced a 10% population increase, and the US, which grew by 7% in the same period. The county's population growth is projected to continue, reaching 1.7 million by 2050.

Additionally, the Mecklenburg County population is increasingly more racially and ethnically diverse, transitioning to a minority-majority community. In 2021, 31.1% of the population included Black/African American residents. In 2021, non-Hispanic white residents comprised 46% of the county's population compared to 50% in 2010. This shift was driven by the exponential growth of the Hispanic/Latinx community, increasing by 30% from 2010 (112,900) to 2021 (147,000).<sup>2</sup> Currently, this population makes up 13% of the county's population. Mecklenburg's quickly changing community demographics make the CHA more important than ever to understand the people who make up our community.

### Mecklenburg Population Growth and Projected Growth

Source: NC OBSM, County Estimates and Projection





# Mecklenburg County Overview

## TOTAL POPULATION:

1,122,276

## MEDIAN AGE:

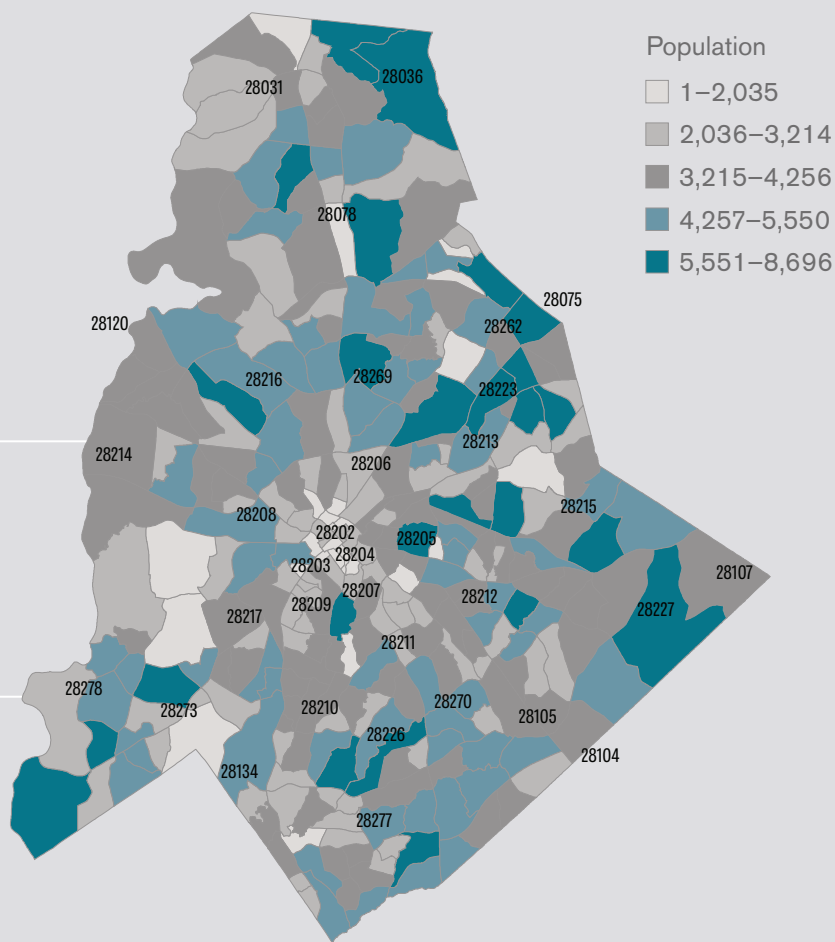
2021 5 year average

35.4

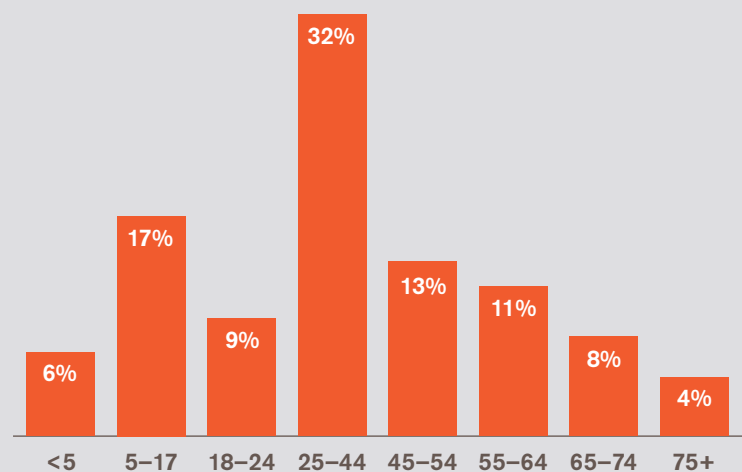
## MEDIAN HOUSEHOLD INCOME:

2017–2021

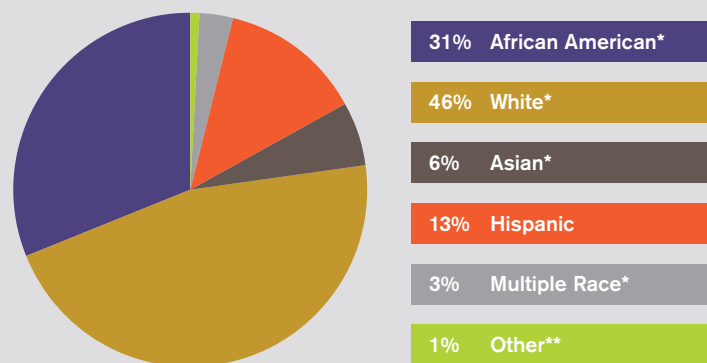
\$73,124



## AGE DISTRIBUTION



## RACIAL/ETHNIC COMPOSITION



\*Non-Hispanic.

\*\*Other includes American Indian, Native Hawaiian, Pacific Islanders, and Persons choosing Other as a Race.



Birth and death outcomes data are important determinants necessary to understand community demographics and population growth trends. The following sections summarize Mecklenburg County birth and death data.

## Birth and Birth Outcomes

The number of live births in Mecklenburg County increased from 13,734 in 2011 to more than 15,000 in 2021, a nearly 10% increase.<sup>7</sup> Yet these numbers do not consider population growth in the county. When accounting for population size increases, overall birth rates declined with stabilizing rates noted in recent years. These declines were somewhat offset by the migration of persons into Mecklenburg, but recent increases in deaths, largely due to the pandemic, have impacted net growth for the region.

Births in the county are more diverse than ever before. In 2000, 65% of total births were White Non-Hispanic. Two decades later, just under 40% of births are White Non-Hispanic.<sup>12</sup>

As with national trends, younger women are delaying pregnancies while births occurring among women over the age of 35 have increased. This shift in demographics may create unique challenges in promoting and maintaining the health of mothers and children.

## Infant and Child Summary Health Measures

	2010 Estimate	<small>BASELINE</small> Pre-Covid Estimate (2017)	Post-Covid Estimate (2020–2021)	Change in Recent Years
<b>Birth Rate</b> ( <i>per 1,000</i> )	15.1	13.7	13.4	Stable
<b>Teen Births, 15 – 17yrs.</b> ( <i>per 1,000</i> )	25.5	15.1	12.3	Improving
<b>Low Birth Weight</b> ( <i>% of total births</i> )	9.7%	9.6%	9.5%	Stable
<b>Premature Births</b> ( <i>% of total Births</i> )	12.7%	10.3%	9.9%	Improving
<b>Infant Deaths</b> ( <i>per 1,000 births</i> )	5.8	4.8	5.1	Stable

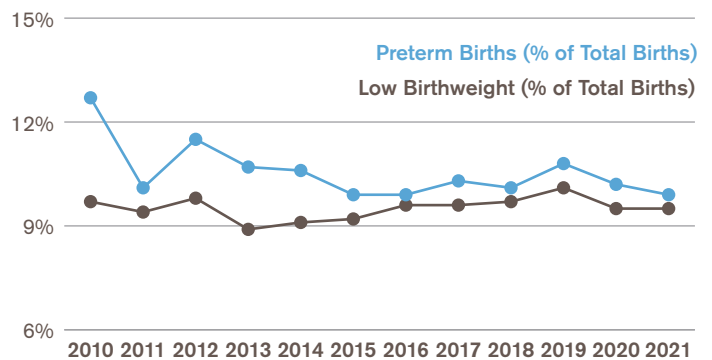
## PRE-TERM AND LOW WEIGHT BIRTHS

Babies born too early (less than 37 weeks gestational age) and those with low birth weight (less than 2500 g) are at risk for adverse health complications such as impaired development, infections, and death.

Nearly 1 in 10 births in Mecklenburg are premature or low birth weight (LBW). These rates are similar to national and state data.

### Preterm and Low Birthweight Births, 2010-2021

Source: NC DHHS, SCHS



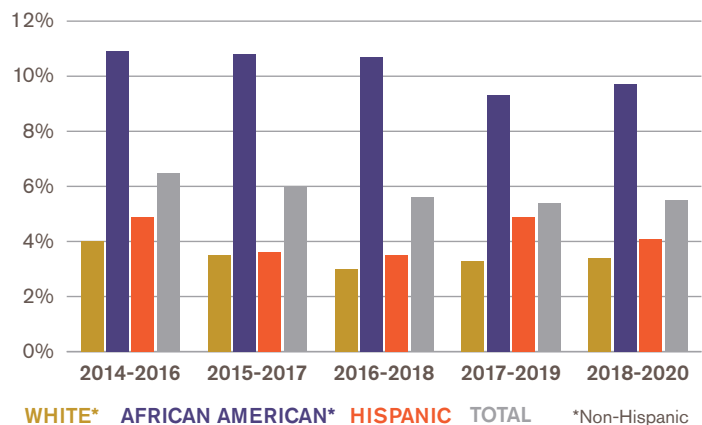
## INFANT DEATHS

In Mecklenburg, infant death rates have declined since 1990, but progress has stalled in recent years. Between 2016 and 2020, there were an average of 5 infant deaths for every 1,000 live births. The leading causes of infant deaths are conditions originating in the perinatal period and congenital malformations.

Between 2018-2020, the Black, non-Hispanic infant death rate (9.7 per 1,000) was nearly 3 times higher than that of White infants (3.4 per 1,000). These disparities are longstanding and multifactorial. Reducing these disparities means addressing biological, social, and environmental contributors experienced by mothers and babies.

### Infant Death Rates by Race/Ethnicity, 2014-2020

3 Year Rates per 1,000 births | Source: NC DHHS, SCHS





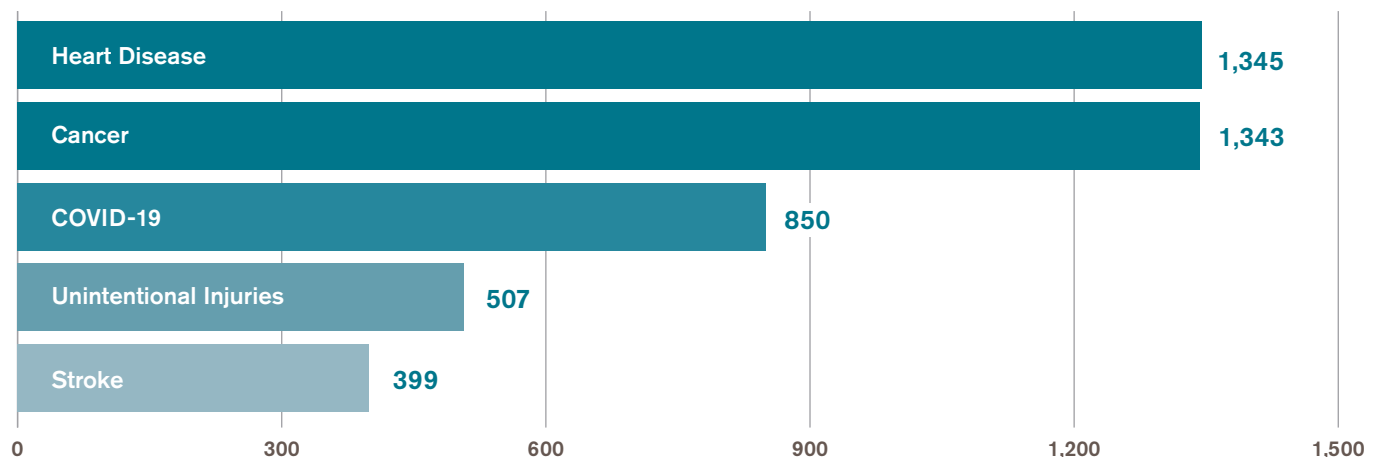
# Mortality

In 2019, nearly 6,500 Mecklenburg residents died. An estimated 1,200 more deaths occurred in 2020, over 600 of which were COVID-19 related. Provisional data show increased death reports for year 2021, with COVID-19 accounting for an additional 850 deaths during this time.<sup>3,4</sup>

Prior to 2020, chronic conditions such as cancer and heart disease along with unintentional injuries occupied the top three leading causes of death. However, COVID-19 became the third leading cause of death in Mecklenburg. During 2020, nearly 1 in 12 reported deaths in the county were due to COVID-19.

Based on provisional data, nearly 8,000 deaths were reported in Mecklenburg during 2021. Five leading causes of death, Heart Disease, Cancer, COVID-19, Unintentional Injuries and Stroke, accounted for over 50% of all deaths during that time.

## 2021 Leading Causes of Death (LCD) <sup>3,4</sup>



## DEATHS BY RACE/ETHNICITY

Chronic disease, specifically heart disease and cancer, are the leading cause of death for African American and White populations. However, unintentional injury has a higher ranking among Hispanic/Latinx residents while chronic conditions such as cancer and heart disease typically rank lower. This is partially due to the county's Hispanic/Latinx population being, on average, younger (median age of Hispanic/Latinx residents: 27.8 yrs., the median age in the county: 35.4 yrs.) COVID-19 was the leading cause of death among Hispanic/Latinx residents in 2021.

### 2021 Leading Causes of Death by Race/Ethnicity

Source: Centers for Disease Control (CDC) WONDER

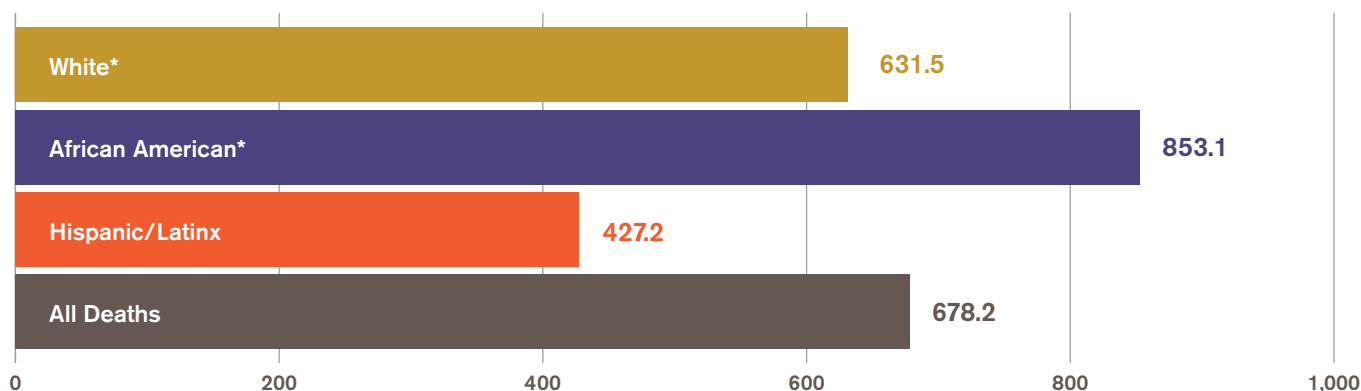
	African American*	Hispanic/Latinx	White*
1.	Heart Disease	COVID-19	Cancer
2.	Cancer	Unintentional Injuries	Heart Disease
3.	COVID-19	Cancer	COVID-19
4.	Unintentional Injuries	Heart Disease	Unintentional Injuries
5.	Stroke	Stroke	Stroke

\*Non-Hispanic

### Death Rates by Race/Ethnicity, 2016-2020

5 Year Age-Adjusted Rates per 100,000

Source: NC DHHS, SCHS



\*Non-Hispanic

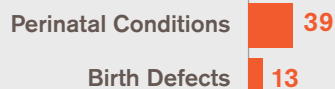
## DEATHS BY AGE GROUP

Leading causes of death vary by age groups. For example, unintentional injuries and homicides tend to have a greater impact on younger populations than older populations. The following graphic summarizes Mecklenburg County's leading causes of death by age groups.

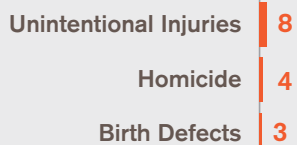
### 2021 Leading Causes of Death by Age Groups

Source: Centers for Disease Control (CDC) WONDER

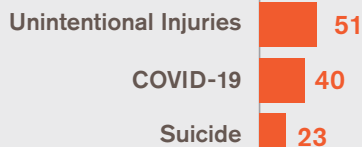
#### Infants >1



#### Age 1–14



#### Age 15–24



#### Age 25–44



#### Age 45–64



#### Age 65+



0 200 400 600 800 1000



# Community Health Assessment Overview: **Our Process**

## Framework

The Mecklenburg CHA uses a modified version of the Assessment Protocol for Excellence in Public Health (APEXPH), a framework developed by the National Association of County and City Health Officials (NACCHO), the American Public Health Association (APHA), the Centers for Disease Control and Prevention (CDC), and several other national public health associations to inform the local CHA process.<sup>1</sup>

*The following figure describes key steps executed in the Mecklenburg CHA process.*

### **1** REVIEW DATA

**Gather and analyze primary and secondary data related to health.**

- Examination of the community data overview suggested the prior priority focus areas remained of current concern and interest
- Health disparities and social determinants of health were considered overarching issues rather than individual categories

### **2** PRIORITIZE FINDINGS

**Engage community for input on the prioritization of health issues through the following methods:**

- 2022 CHA Health Opinion Survey
- CHA Community Virtual Meeting(s)

Input gathered from each of these methods was combined with the data review to determine top health priorities.

### **3** COMMUNICATE FINDINGS

**Share findings from the CHA with local organizations to support education, awareness, advocacy, funding, and program development including:**

- Social media and agency websites
- Meetings/trainings with community groups engaged in the prioritization process.
- MCPH online interactive dashboard

### **4** ACTION PLANNING

**Develop a Community Health Improvement Plan (CHIP) to address CHA priorities.**

- Community members and agency representatives plan specific, measurable actions to address identified health issues

# Methods

## DATA REVIEW











The CHA data review and compilation was led by the MCPH Epidemiology Program. The CHA data draws from primary and secondary data sources. Primary data include information from the Annual Mecklenburg Health Survey, modeled on the CDC Behavioral Risk Factor Surveillance System (BRFSS) which collects information on disease prevalence, health conditions and health behaviors. Secondary sources include but are not limited to North Carolina (NC) Vital Records, the NC State Center for Health Statistics, the National Center for Health Statistics, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson County Health Rankings, and the US Census.

Specific information on sources may be found in the report's appendix.

The data presented in this report covers county demographics, birth outcomes, and leading causes of death, but also community health indicators for Mecklenburg County, peer counties and cities, and municipalities within the county, and selected data points for priority health areas.

The data review resulted in the identification of ten priority health areas of concern.

In alphabetical order, the ten health issues are:

	<b>ACCESS TO CARE</b>	Access to care tracks indicators related to health insurance coverage and affordability of care.
	<b>CHRONIC DISEASE PREVENTION</b>	Chronic disease section includes data on leading causes of death, health conditions like obesity and heart disease and health behavior data on nutrition, physical activity, and tobacco use.
	<b>EMERGING HEALTH ISSUES</b>	Emerging health issues include infectious agents or other health conditions that pose a major public health threat, such as COVID-19.
	<b>HEALTHY ENVIRONMENT</b>	Environmental health section tracks data related to the quality of the air, land, and water in the county.
	<b>HEALTHY PREGNANCY</b>	Healthy pregnancy examines rates of prenatal care, adolescent pregnancy, and infant mortality.
	<b>HIV AND OTHER STIs</b>	HIV & STDs section tracks rates of sexually transmitted diseases as well as sexual health education.
	<b>INJURY PREVENTION</b>	Injury prevention examines data related to leading causes of death, motor vehicle crashes, and pedestrian/cyclist accidents.
	<b>MENTAL HEALTH</b>	Mental health includes data on depression, suicide and stigma related to accessing care.
	<b>SUBSTANCE USE DISORDER</b>	Substance use disorder examines rates of alcohol use among youth and adults, use of marijuana, prescription drugs and opioids.
	<b>VIOLENCE PREVENTION</b>	Violence data includes homicide rates, domestic violence, bullying, and carrying weapons on school property.

## SURVEY METHODOLOGY

With guidance from the CHA Advisory Group, the MCPH Epidemiology Program developed a health opinion survey for Mecklenburg County residents. Residency was determined by reported zip code and city/town of residence. Persons with zip codes outside of Mecklenburg County were excluded from survey participation. Instead of focusing on specific diseases or conditions for which secondary data is readily available, residents were asked to reflect on various community issues and challenges.

Community perception questions were adapted from a Health Opinion survey published by the National Association of County and City Health Officials (NACCHO).

The Mecklenburg County survey included:

- **One ranking question** prioritizing four areas of most significant concern from a list of ten options. Results from this question helped inform final CHA priority areas of focus.
- **Six opinion questions** rating community perceptions and satisfaction of six facets of community living including: access to health care, raising children, senior living, economic opportunity, safety, and support for those in need.
- **Three open-ended questions** assessing overall quality of life and social determinants of health. The questions focused on the following:
  1. Issues most strongly impacting your community (social determinants)
  2. Health problems most strongly impacting your community
  3. Issues most affecting your access to care

A copy of the full 2022 Community Health Opinion Survey is in the Appendix of this document.

Findings from the survey are discussed in the results section. A future report will offer a more in-depth discussion of the qualitative responses to the open-ended questions.

Community partners distributed and promoted the survey to diverse populations through existing networks and community events. Nearly 900 residents responded.

The 2022 CHA Community Health Opinion Survey opened for responses beginning April 22, 2022, and closed in December 2022. Responses were also collected during two community-wide virtual meetings on July 27, 2022.

## Community Health Opinion Survey Distribution



### Online Survey Link

Links to the online survey were sent via email to leaders of neighborhood associations; organizations that provide low- and no cost health care; and assorted mailing lists for agencies and community members.

The survey link was also posted on the Mecklenburg County website, Facebook® and Twitter® pages, the Board of County Commissioners newsletter and employee newsletters for the county and Public Health.



### Targeted Paper Survey Distribution

Professional networks and social media, residents were recruited through partnering with community-based organizations. A sample list of these organizations and community events are listed on the next page.

Community health workers and health educators from MCPH, Atrium, and Novant promoted the surveys to clients via QR links and paper surveys.

MCPH staff attended community events to solicit participation using printed flyers and table-top billboards featuring QR codes and printed copies.



### Virtual Community Health Meetings

Two virtual meetings were held on July 27, 2022 (1:30 p.m. and 7:00 p.m. sessions) to provide preliminary findings and solicit community input. Meeting times were selected to engage residents often excluded from early-day meetings due to work schedules.

One hundred and twenty-eight participants registered, with most persons (97) selecting the 1:30 p.m. afternoon slot. One hundred and ten participants attended the virtual sessions and were provided opportunities to report on top health issues impacting their community, as a part of final survey results.

## SURVEY METHODOLOGY, continued

### Community Meetings

Historically a large half day public priority setting event has been held to gather public input. Due to Covid-19 prevention precautions, 110 individuals participated in two virtual meetings (one in the afternoon, one in the evening) on July 27, 2022 to review information before providing input on top priorities.

After a presentation on preliminary findings from the data review, participants were asked to use the criteria: severity, magnitude, urgency, community will and available intervention to select their four areas of greatest concern.

Participation in these meetings came from the following groups:

▪ Hospital/Healthcare	30%
▪ Non-Profit Agency	24%
▪ Government Agency	22%
▪ Community Member	13%
▪ College/University	5%
▪ Federally Qualified Health Center	3%
▪ Health Alliance	2%

### 2022 Community Partners

A variety of local partner organizations and groups supported the dissemination of the CHA health opinion survey including but not limited to:

- University of North Carolina Charlotte, Academy for Population Health Innovations (APHI)
- Atrium Health
- International House
- One Charlotte
- Mecklenburg County Government
- Mecklenburg County Child Fatality and Prevention Taskforce
- Mecklenburg County Public Health
- Mecklenburg Interfaith Network
- Mecklenburg County Senior Centers
- MedLINK
- Metrolina Association for the Blind
- Novant Health
- Samaritan House

### Community Events

The CHA survey was promoted and distributed at community events including but not limited to:

- House of Africa: Juneteenth: June 18–19, 2022
- Mecklenburg County Clanton Park Community Day: June 11, 2022
- Healthy Achievement 5K Run-Romare Bearden Park: June 25, 2022
- Freedom Communities Food Bank: June 27, 2022
- Lions Services: June 7 and June 28, 2022
- Metrolina Association for the Blind: June 9, 2022



## Results:

# Our Findings

## Characteristics of Survey Participants

Mecklenburg residents completed a total of 855 surveys. Survey participation was lower than anticipated due to COVID-19. The methodology used, snowfall convenience sampling frame, did not result in a representative sample. For example, males and Asians were under-represented. The survey also included a larger percentage of African American respondents than found in the general population.

Therefore, participant responses are only generalized to persons taking the survey and not the county overall. Despite this fact, participant responses provide a unique view into challenges and obstacles faced in achieving and maintaining healthy lifestyles.

The following table describes survey respondents by demographics. Note: Not all respondents answered every question; therefore, totals will vary by question.

### PARTICIPANT PROFILE

City/Town	Number	%
Charlotte	736	86.1
Cornelius	10	1.2
Davidson	9	1.1
Huntersville	44	5.2
Matthews	34	4.0
Mint Hill	13	1.5
Pineville	9	1.1

Gender		
Male	127	17.6
Female	589	81.7
Other	5	0.7

Race/Ethnicity		
White	281	39.4
Black/African American	330	46.2
Asian	9	1.3
American Indian/Alaskan Native	3	0.4
Two or More Races	5	0.7
Other Race	35	4.9
Hispanic/Latinx	82	11.7

Age Group		
18-24	45	6.2
25-44	232	32.1
45-64	329	45.5
65-84	114	15.8
85+	2	0.3

Educational Attainment	Number	%
12th grade or less, no diploma	11	1.6
High school grad or equivalent	43	6.1
Some college, but no degree	121	17.0
Trade school/vocational training	25	3.5
Associate degree in college	68	9.6
Bachelor's degree in college	204	28.7
Advanced college degree	238	33.5

Employment Status		
Employed full time	515	72.2
Employed part time	38	5.3
Unemployed	12	1.7
Caregiver/Homemaker	14	2.0
A Student	37	5.2
Retired	87	12.2
Unable to Work	10	1.4

Annual Household Income		
\$0-\$19,999	58	8.5
\$20,000-\$29,999	45	6.6
\$30,000-\$44,999	107	15.6
\$45,000-\$64,999	112	16.4
\$65,000-\$90,000	117	17.1
More than \$90,000	246	35.9

# SURVEY STRENGTHS AND LIMITATIONS

Research shows that online surveys yield response rates equal to or better than traditional mail-in surveys or telephone surveys.

Although a response rate could not be calculated for this survey, over 60% of surveys were filled out online. A limitation of this survey is sampling selection bias. Since most surveys were completed online, segments of the population without access to the internet and supporting technology were less likely to complete the survey.

Various methods were used to expand access to the survey. QR codes were generated to expand immediate survey access to residents with smart phone devices. Additionally, printed paper copies of the survey were distributed at community events to eliminate internet accessibility.

Attempts were made to gather a sample that resembled the demographic makeup of the county; however, males and Asians were under-represented. The survey also included a larger percentage of African American respondents than is found in the general population.

Lastly, due to convenience sampling, the survey results are not representative of the entire county. However, the results include diverse representation from residents as reflected in the participant profile.

## Perceived Quality of Life In Mecklenburg

Survey participants described factors impacting quality of life in their community (ex. neighborhood and surrounding areas) before being queried on health issues and challenges obtaining care in the county.

Residents were asked to describe their community in terms of six categories: access to health care, community living, senior living, economic opportunity, safety, and support for those in need. Residents used a five-point Likert Scale to express how much they agreed or disagreed with a particular statement. The following chart summarizes quality of life perceptions from survey participants.

Community Health Opinion Survey Participant Responses:

### Perception of Their Community

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My community has good health care.	5.2%	14.2%	25.0%	41.4%	14.2%
My community is a good place to raise children.	4.5%	13.9%	22.0%	44.0%	15.7%
My community is a good place to grow old.	4.7%	17.3%	28.5%	36.4%	13.1%
My community offers economic opportunity.	10.9%	24.7%	25.9%	30.7%	7.9%
My community is a safe place to live.	4.3%	14.9%	27.8%	42.1%	11.0%
My community provides help for people during times of need.	5.7%	13.2%	31.1%	40.9%	9.2%

# Most Important Health Issues in Your Community

Residents were asked to describe the most important health issues impacting their community. Five hundred and ten residents completed this question with lists, comments, and/or quotes.

Data revealed variations in health issues and concerns by age of resident. For example, residents ages 18-24 years reported HIV/AIDS and injuries as important health issues for their community whereas residents aged 45 – 64 years more frequently reported COVID, affordable housing, access to health care and mental health as major issues of health.

## Priority Health Rankings

Survey participants ranked the top ten health issues impacting Mecklenburg residents based on a review of health data. Rankings were similar to 2019 rankings, with the addition of Healthy Environment falling into the top four issues.

Chronic Disease Prevention through healthy choices was ranked as the fifth most important issue among survey participants. Rankings varied by race and ethnicity. While Mental Health was the highest-ranked priority for all race/ethnic groups, African American residents ranked Violence Prevention as the 2nd most important issue, while White and Hispanic residents ranked Access to Care as their second most important issue.

	African American	Hispanic/Latinx	White
Mental Health was the top priority for all groups	1. Mental Health	Mental Health	Mental Health
	2. Violence Prevention	Access to Care	Access to Care
	3. Access to Care	Violence Prevention	Violence Prevention
	4. Healthy Environment	Healthy Environment	Healthy Environment

The 2022 Health Opinion Survey and two Virtual Community Meetings provided opportunities for public input concerning priority health issues. Nearly 900 residents responded to the survey and over 100 residents attended the virtual meetings. Rankings from these processes mirrored the 2019 list with the following exceptions: Healthy Environment was ranked as the 4th most important health issue while Chronic Disease and Prevention received a lower rank, falling out of the top list.

Comments and quotes collected from the survey indicate a healthy environment as a growing priority due to concerns of climate change. Due to limited infrastructure support to address the described challenges, healthy environment was not included on the final priority list. Ample secondary data validated local chronic disease disparities supporting the elevation of this issue to the final priority listing.

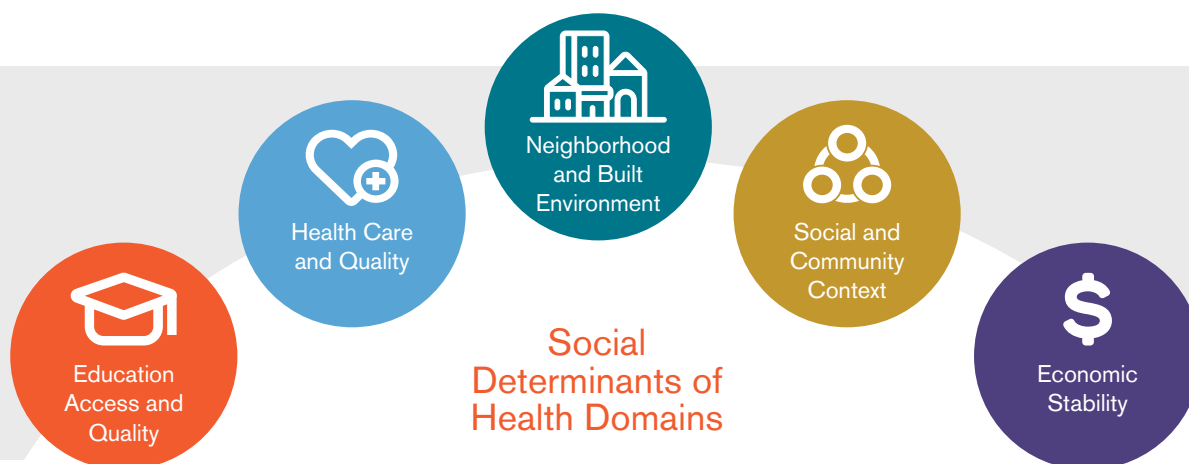
# Social Determinants of Health

**Social Determinants of Health (SDOH)** are the circumstances in which people are born, grow up, live, work, and the systems put in place to deal with illness. These circumstances are shaped by a wider set of forces: economics, social policies, and politics.<sup>13</sup>

Together, these factors contribute to inequities in health, explaining why people living in poverty die sooner and get sick more often than those living in more privileged conditions. In other words, a person's zip code may be more important to health than their genetic code. While health prevention and medical care are essential to improving health status, social and economic determinants of health, such as poverty, neighborhood conditions, crime, etc., have proven to be major drivers in individuals' health behaviors and subsequent health outcomes.

To achieve health equity and eliminate health disparities, communities must address these social and economic determinants.

This section highlights important SDOH indicators alongside snapshots of vulnerable and at-risk populations.



Social and Economic Determinant Summary Measures	2010 Decennial Census <sup>2</sup>	BASELINE		Change in Recent Years
		Pre-Covid Estimate (2017) <sup>2</sup>	Post-Covid Estimate (2021) <sup>2</sup>	
Poverty	15.3%	11.1%	9.9%	Improving
Children in Poverty	21.2%	16.5%	13.6%	Improving
Uninsured Population	17.1%	11.5%	11.8%	Stable
Adults with No High School Diploma	12.1%	9.1%	8.9%	Stable
Severe Housing Burden ( $\geq$ 50% Income)	9.3%*	7.1%	8.0%	Worsening
Household without Internet Subscription	---	11.3%	6.8%	Improving

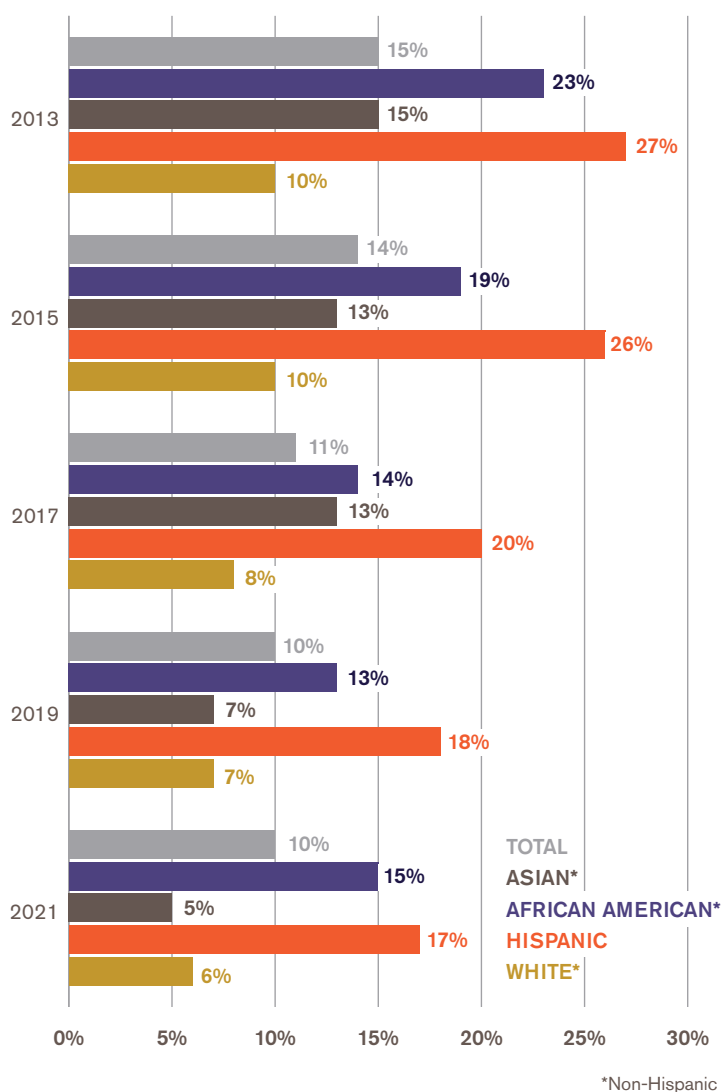
\* Note: Data from year 2015.

## POVERTY

Nearly 1 in 6 residents lived in poverty during 2013, with the highest rates occurring among African American and Latinx/Hispanic residents. Although disparities persist, poverty rates declined for all groups between 2010 and 2019. This progress was interrupted with the advent of COVID.

### Poverty in Past 12 Months by Race, 2013-2021

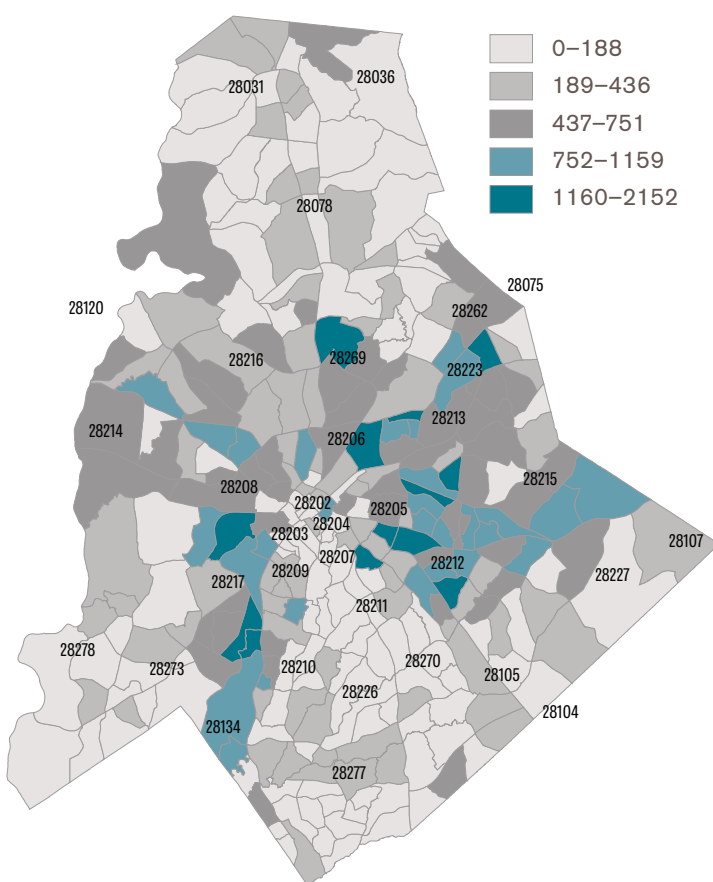
Source: US Census, American Community Survey



Between 2017 and 2021 poverty in African American residents increased from 13% to 15%. Although rates dropped among Latinx/Hispanics, the rate of decline slowed substantially.

### Percentage of Households with No Internet

Source: Living Atlas (ESRI) ACS, 2022



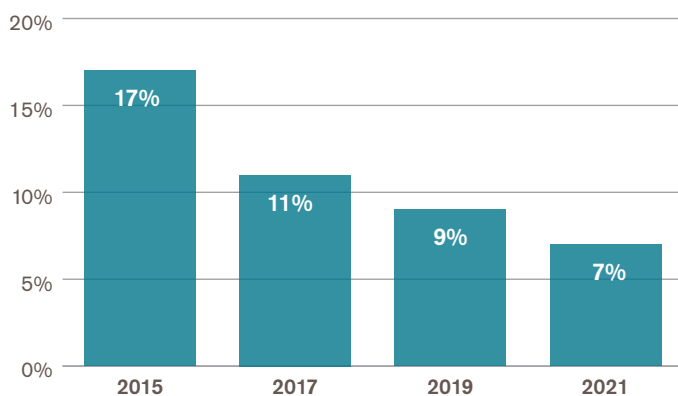
## HOUSEHOLDS WITHOUT INTERNET SUBSCRIPTIONS

The pandemic spotlighted the importance of technology, especially that of the internet. Based on a recent study, nearly 90% of US adults found the internet to be essential or important during the height of COVID-19.<sup>14</sup>

As schools, businesses and workplaces moved to a virtual environment, populations with limited internet access faced challenges in adapting. In example, students with limited or poor internet connections were more likely to experience tech-related schoolwork challenges during virtual learning.<sup>15</sup>

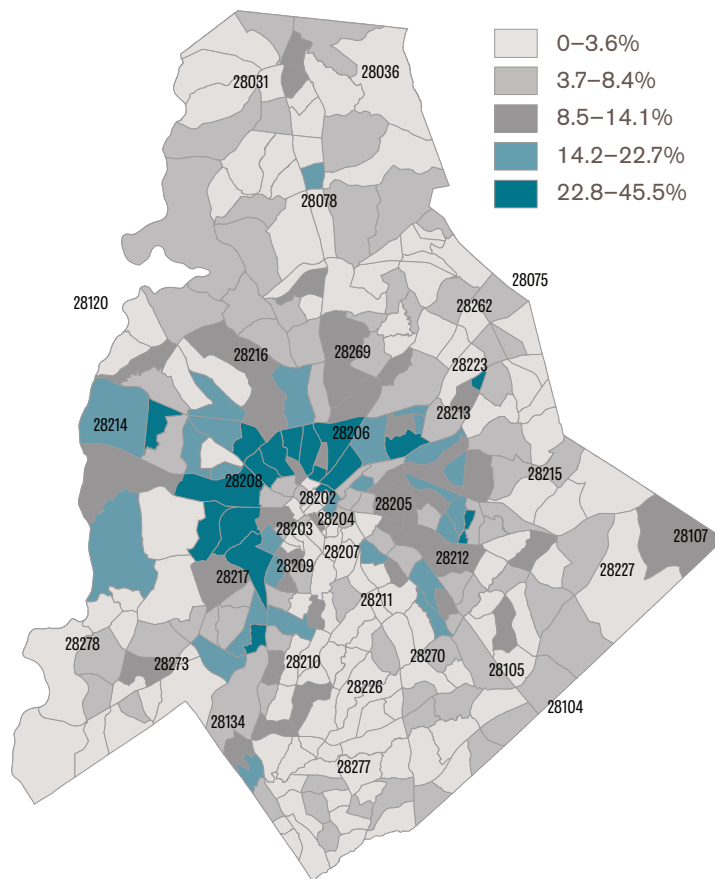
### Household Without Internet Subscriptions, 2015-2021

Source: US Census, American Community Survey



### Percentage of Households with No Internet

Source: Living Atlas (ESRI) ACS, 2022

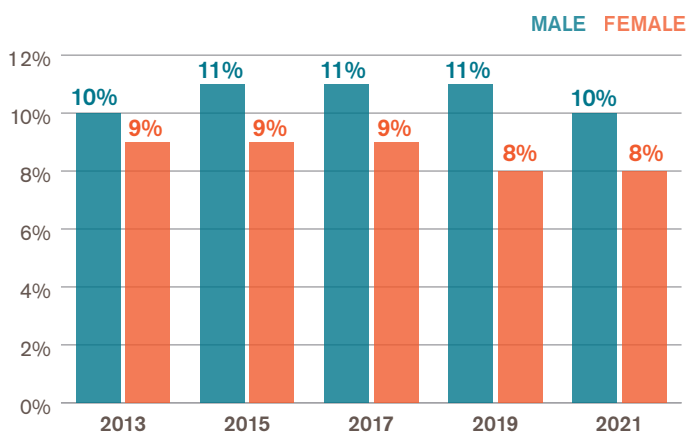


## EDUCATIONAL ATTAINMENT

The rate of adults ages 25 and older with less than a high school diploma remained stable across the county. On average, rates were 10% between 2010 and 2019, with male residents having slightly higher rates of low educational attainment.

### Populations 25 and Over with Less Than High School, 2017-2021

Source: US Census, American Community Survey



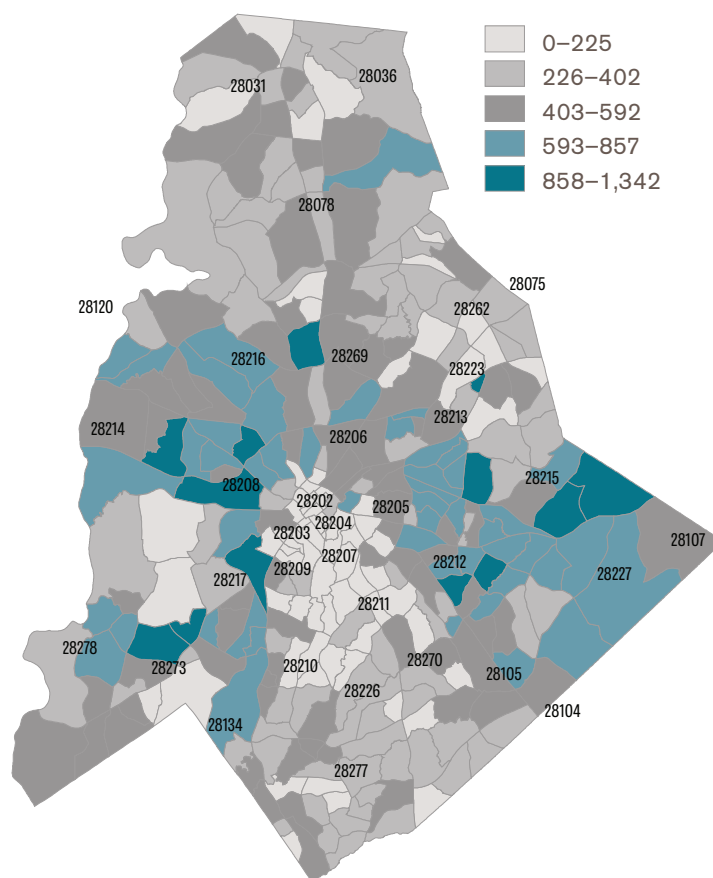
People with high educational attainment have better health outcomes and longer life than those with fewer years of education. Education paves the path to jobs with higher income, better health insurance, and the means to live a healthier life. Research from the Virginia Commonwealth University shows even a few more years of education can improve overall health status.<sup>16</sup> Education's influence on health can be experienced across a lifespan.

In one example, mothers with higher educational attainment have children with higher vaccination rates and better nutrition leading to improved health outcomes later in life.<sup>15</sup>

While education is an integral part of health, not all residents have access to the same quality education. Policies, lack of community resources, and exposure to adverse life experiences can undermine the success of students setting the stage for poor health outcomes in our most vulnerable populations.

### Population Age 25+ with High School Graduate Only

Source: Applied Geographic Solutions, Inc., 2022 estimates



## CHRONIC DISEASE

### Chronic Disease Indicators by Education and Income, 2022 Adults (Ages 18 or older)

Across the county, residents with low educational attainment and low income have higher rates of diseases, such as diabetes and cardiovascular disease as well as risk factors that predict these conditions.

Risk Factors	Total	EDUCATIONAL ATTAINMENT		INCOME LEVEL	
		Low (Less than High School)	Higher (High School +)	Low (<\$50K)	Higher (\$50K +)
Current Smoking	10.4%	21.0%	6.3%	16.0%	6.7%
Current e-Smoking	6.0%	6.5%	5.8%	4.7%	7.5%
Overweight	30.4%	25.2%	32.4%	24.2%	32.5%
Obesity	33.8%	37.7%	32.4%	38.4%	35.0%
No Physical Activity	17.8%	31.1%	12.6%	27.7%	10.3%
<b>Chronic Conditions</b>					
Diabetes	11.7%	11.4%	11.8%	11.6%	11.9%
Cardiovascular Disease	7.1%	9.5%	6.2%	11.3%	4.4%
High Blood Pressure	34.8%	40.3%	32.6%	39.9%	30.5%
High Cholesterol	32.8%	36.5%	31.3%	32.8%	34.6%

Source: Mecklenburg, BRFSS



# Vulnerable Populations

Vulnerable populations include those at greater risk for health problems, poor access to care and more likely to experience health inequities. These populations include low-income populations, the uninsured and underinsured, persons experiencing housing instability, persons with disabilities, the homeless and persons with limited English proficiency.

The impact of illness is often more severe among vulnerable populations due to poor health literacy, higher rates of chronic conditions and less access to care. Inflation and the rising costs of healthcare further complicate this issue by creating more barriers to receiving early and essential preventive care.

The following section describes Mecklenburg County populations at increased risk of experiencing health inequities.

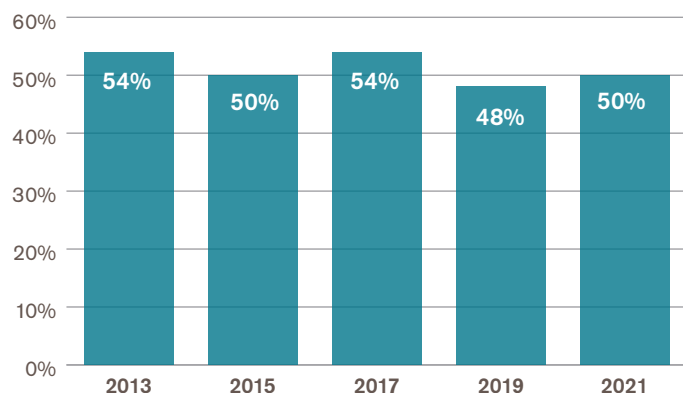
## LOW INCOME FAMILIES

According to the local Behavior Risk Factor Surveillance System (BRFSS), low income residents are more likely to report delaying preventive care due to costs and as a result may have fewer opportunities for primary care providers to educate them about their health risks.<sup>9</sup>

Low-income populations are geographically spread throughout the county. Higher concentrations are loosely located around the city center of Charlotte with higher income populations located in the northern and southern areas of the county.

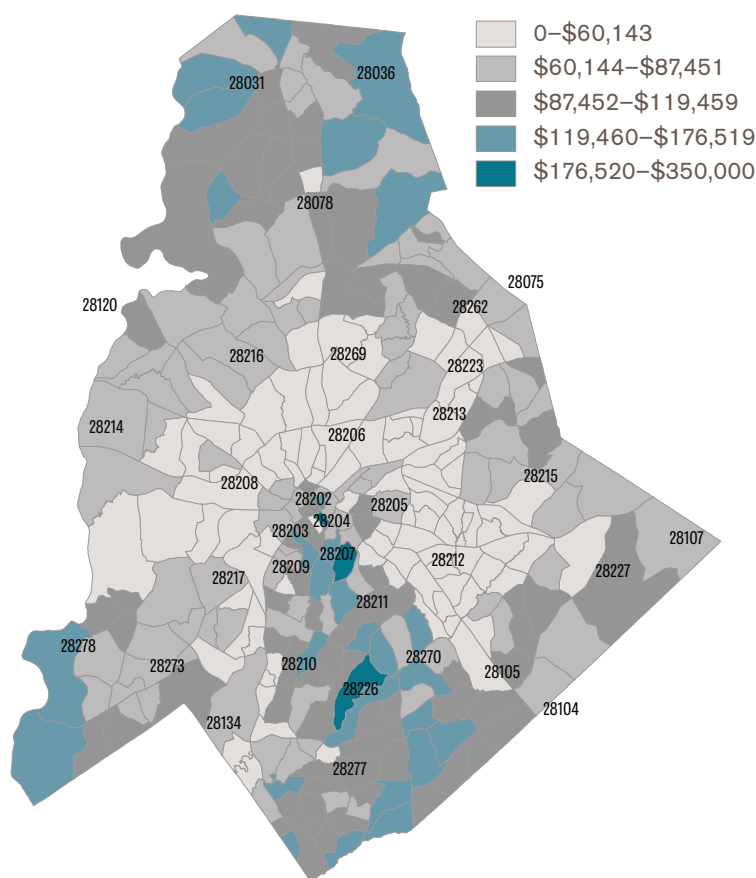
### Households Receiving Food Stamps/SNAP with Children Under 18 yrs, 2013-2021

Source: US Census, American Community Survey



### Median Household Income

Source: Applied Geographic Solutions, Inc., 2022 estimates

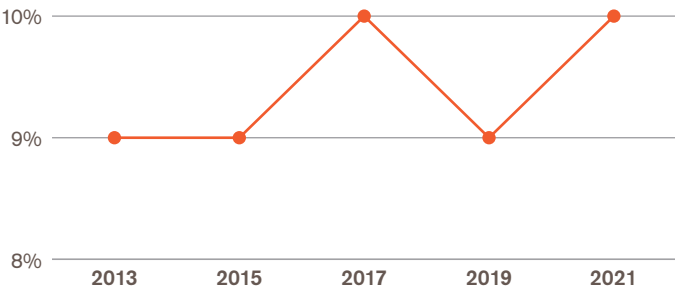


# PERSONS WITH LIMITED ENGLISH PROFICIENCY

Fluency in English is a key factor in an individual's ability to navigate the healthcare system. Residents with limited English proficiency may face significant challenges in attaining employment and receiving quality care.

## Persons Who Speak English Less than Very Well, 2013-2021

Source: US Census, American Community Survey



# HOUSING INSTABILITY OR HOMELESSNESS

In recent years home and rental prices have increased, outpacing household income and setting the stage for housing instability. Persons spending more than 50% of household income on mortgage or rent are considered to be severely cost burden. Residents who use most of their income for housing often have issues buying healthy food, affording healthcare, and paying utility bills.

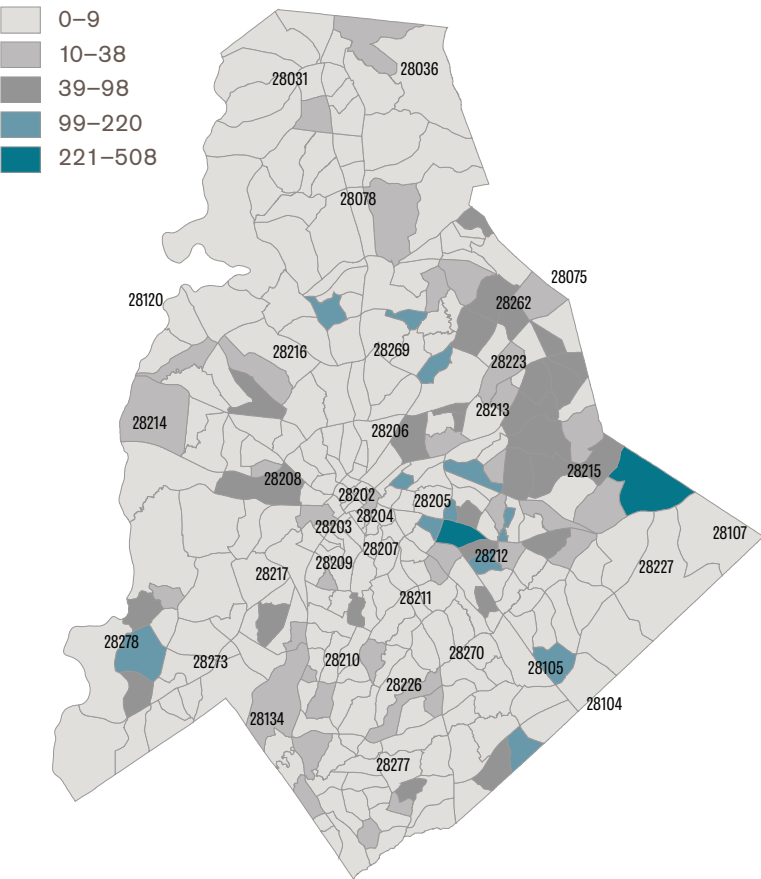
## Homelessness Estimate in Charlotte-Mecklenburg, 2022

Source: The One Number



## Population with Limited English Ability

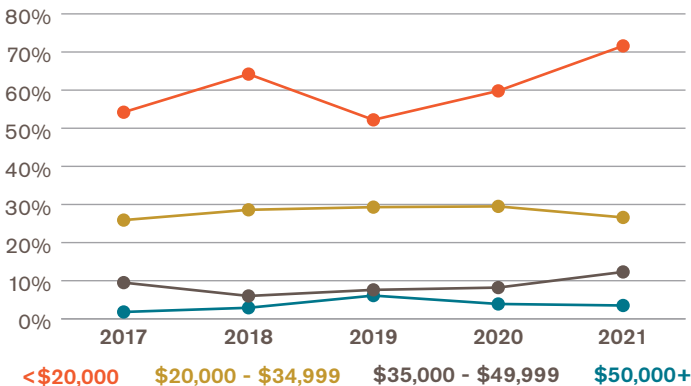
Source: Living Atlas (ESRI) ACS, 2022



Mecklenburg residents with low household income are more likely to experience housing cost burden. In 2021, over 70% of residents making less than \$20,000 annually had severe housing cost burden compared to 3.5% of households making \$50,000 or more.

## Households with Severe Housing Cost Burden by Income, 2017-2021

Source: US Census, American Community Survey



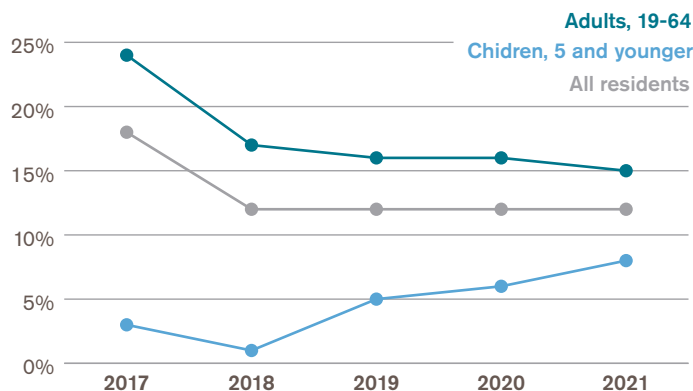
In Mecklenburg, adults ages 25-54 account for nearly half of people currently experiencing homelessness.<sup>17</sup>

## UNINSURED POPULATIONS

The Affordable Care Act expanded opportunities for individuals to obtain affordable health insurance coverage outside of traditional employer-sponsored coverage. Currently, 15% of adults and 8% of children in Mecklenburg County are uninsured. While county-wide rates have remained stable, there have been noted increases among children ages 5 and younger.

### Uninsured Populations, 2013-2021

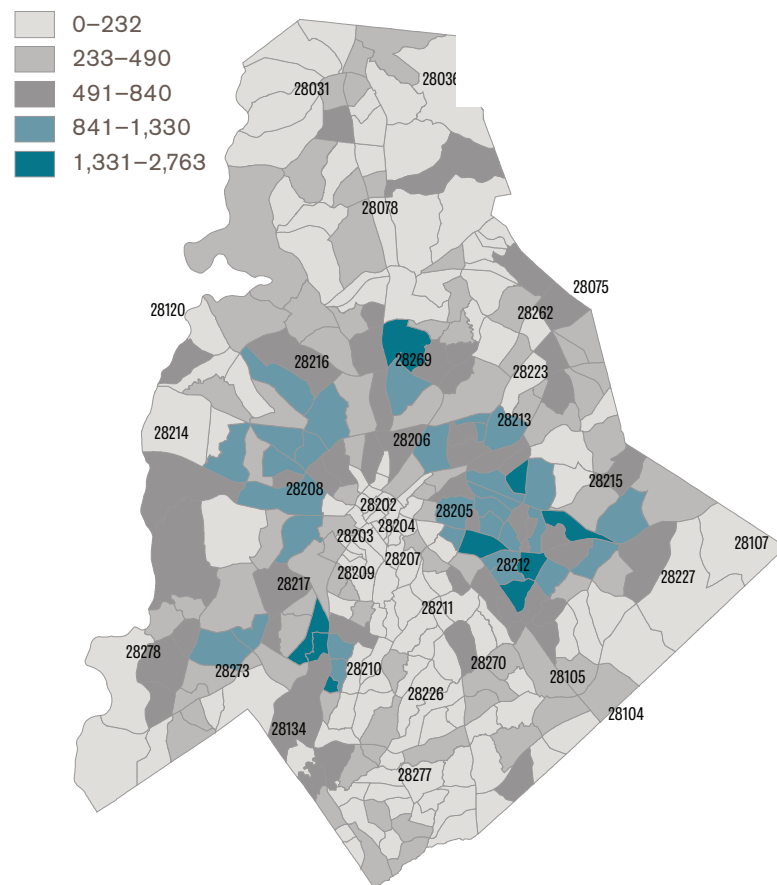
Source: US Census, American Community Survey



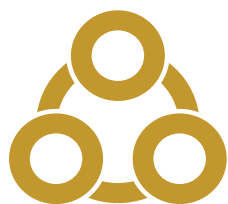
Historically, uninsured populations were densely concentrated in a crescent shape around the city of Charlotte. In recent years this pattern has expanded outwards.

### Population Without Health Insurance

Source: Living Atlas (ESRI) ACS, 2022



# Quality of Life Issues by Social Determinants of Health Domain



Social and  
Community  
Context

*Community and social context include community connectiveness, isolation, racism, and social support systems. Crime and violence were most frequently reported in this domain. However, many residents expressed a need for resources to support seniors and young people within their community. The top three reported issues were: Crime and Violence, Availability of Social Support Resources and Racism/Discrimination.*

## KEY THEMES

### Social Cohesion

- Programs and resources for Seniors
- Programs and activities for teenagers
- Disability Resources

### Discrimination and Inequity

- Lack of Mental Health Providers
- Need for more medical care specialist
- Geriatric Care

## RESIDENT FEEDBACK

### SOCIAL COHESION

*"Most of my community is older adults so senior support services are needed"*

*"I believe support programs are already in place, communication and access is a serious issue. Many assume there isn't support available, but they simply didn't know it was there. Pipelines for that support are so long and complicated that no one can access it easily. We need to fix the process for all."*

### DISCRIMINATION AND INEQUITY

*"Systemic racism and public policy that continues to promote disparity and disproportionality. (Educational inequality, food deserts, health disparities, wealth gap, etc.)"*



## Education Access and Quality

*Education access and quality was the fifth most frequently reported theme among residents answering the quality-of-life question. The top three issues related to Education were: Better Education/More School Choices, Improving School Safety and Quality Education that is Equitable for all.*

### KEY THEMES

#### Quality of Education

- Overcrowding in schools
- Equitable education for all
- Lack of educational opportunities and choices
- Better funding and support of public schools

#### Safety

- Increases in school-related violence
- Increases in weapons and fights on school grounds

### RESIDENT FEEDBACK

#### BETTER EDUCATION/ MORE SCHOOL OUTREACH

*"{People} need better educations. Education is everything."*

*"Not nearly enough funding in schools with large populations of children of color and children living in poverty, underpaid teachers, social workers, and not enough psychologists in the schools."*

*"... in every school there should be an Outreach Program of activities for all youth to participate regarding of grades. Every youth needs a fair chance, and once they are given a chance, then we start preparing them for a future."*

#### IMPROVING SCHOOL SAFETY

*"The schools are UNSAFE. People come in and out without showing IDs on a regular basis. The school allows people (family) in and all over the building."*

*"When I think about the kids in my neighborhood, they are often sent to under-resourced and overpopulated schools where staff don't have enough time to recognize mental health and safety crises."*

#### EQUITY IN EDUCATION

*"...schools don't have equitable education. Many schools lack funding. But there are a few that get a lot of funding but are unique to the neighborhoods around those schools. Neighborhoods where most of the population cannot live because of the high cost of houses."*

*"Lack of equal "education" for all kids. Schools need to "be the same" — physical environment, equipment, etc. No excuse for the condition of some of these schools"*



Health Care  
and Quality

*Having accessible and affordable care was a concern for nearly 20% of residents reporting issues impacting quality of life. The top three reported issues related to Healthcare were: Healthcare Access and Quality, Affordable Care and Health Insurance, and the need for Specialist or Specialized Care.*

## KEY THEMES

### Access to Health Services

- Cost of health care
- Affordable health insurance
- High deductibles
- Long waits/limited appointments for health care

### Access to Specialized Care

- Lack of mental health providers
- Need for more medical care specialist
- Geriatric Care

### Accessibility

- Health literacy
- Lack of bilingual services and staff; lack of coordinated care between medical practices

## RESIDENT FEEDBACK

### HEALTHCARE ACCESS AND QUALITY

*"Good health care system and availability of resources to use when needed."*

*"Language barriers, having enough Staff in the health care system that are bilingual."*

*"ER is very overcrowded and the wait for urgent and emergency care is extremely long and unsafe."*

### AFFORDABLE CARE AND HEALTH INSURANCE

*"The community does not have appropriate medical care for retirees and for many families. Many families with children do not have medical insurance. This causes health to worsen until it is too late, sometimes."*

*"When the doctor says you need a procedure at the hospital or MRI to identify what is causing the medical issues inside you, the massive cost from my employer's healthcare deductibles give me pause and I have had to pick and choose and/or allow it to go on my credit report because I don't have the funds to pay it."*

### NEED FOR SPECIALIZED CARE

*"There are so few counselors and psychiatrists, it takes weeks to get an appointment. A lot of people end up using their primary care physicians for mental health care and prescriptions."*

*"...complete lack of mental health services for children, teens, adults."*

*"There is only 1 OBGYN and pediatrician in the area, confusing traffic pattern, major hospitals are 20+ minutes away, no elderly care facilities nearby..."*

*"Lack of adequate primary care and specialist health care for all. Takes too long for many people to access care in a timely manner!"*



## Neighborhood and Built Environment

The Built Environment domain was referenced by 3 in 4 residents reporting on quality-of-life in the county. Cross-cutting issues such as affordable housing, crime, and transportation were included as well as urban growth, traffic congestion and gentrification. The top three reported issues related to the Built Environment were: Affordable Housing, Crime, and Transportation.

### KEY THEMES

#### Transportation

- Unchecked growth/  
increasing traffic
- Dangerous and reckless driving
- Reliable public transportation

#### Built Environment

- Affordable housing
- Crime and violence
- Urban sprawl
- Safe parks/greenways
- Gentrification

### RESIDENT FEEDBACK

#### AFFORDABLE HOUSING

*"Lack of diverse housing options - ownership housing diversity. We have apartments, but not any owned lower income properties."*

*"...older people that live in these communities are unable to afford these houses but are pressured into moving out."*

*"...all the gentrification that is going in the historical black neighborhoods. Every time a house goes empty in our neighborhood companies come in buy and then build these huge houses that most people cannot afford."*

#### CRIME AND VIOLENCE

*"I am always hearing about shootings and car break-ins. As a woman, I feel unsafe running, going on walks, and especially walking in the dark."*

*"Crime has the greatest effect on where I live. My next move will be out of Mecklenburg County."*

*"The issues that affect the quality of life in my community is the threat of gun violence."*

#### TRANSPORTATION

*"Roads are dangerous for pedestrians and bikes and riders. Sidewalks are narrow and close to traffic."*

*"...excessive speeding, city lacks access to transportation outside of the Uptown and lack of shelter at rest stops where people are waiting for buses."*

*"The low access to transportation through the light rail system to connect us to various parts of the city makes the options unusable for some. This also has an impact on the highways and secondary roads."*





## Economic Security

*Economic stability includes employment, poverty, food security, and housing stability. Nearly 45% of quality-of-life responses were categorized into the Economic Stability domain. Topics of concern included rising cost of rent, inflation, poverty, limited access to healthy food choices, and homelessness. The top three reported issues were: Affordable Housing, Income/Job Security, and Food Insecurity.*

### KEY THEMES

#### Food Insecurity

- Rising cost of food
- Access to full-service grocery stores
- Access to healthy food choices
- Food deserts

#### Housing Instability

- Lack of affordable housing
- Increases in homeless populations
- Safe communities for all residents

#### Income and Job Security

- Poverty
- Lack of jobs paying living wages
- Economic inequality

### RESIDENT FEEDBACK

#### AFFORDABLE HOUSING

*"Parents are making \$14 to \$16 [an hour] that does NOT cover rent; apartment prices are \$1700 and up, Charlotte needs to do better. That will cause a parent to have a mental break down."*

*"The housing market currently is so out of control that a person making my rate can't afford to buy in this market or if they do buy, they become house poor and putting material and essential living items on credit cards just to clothe and feed my children."*

#### INCOME AND JOB SECURITY

*"Employers not paying a living wage to match the cost of living in my community."*

*"It's been several years since the Chetty Study ranked Charlotte dead last in economic mobility, and while there's been taskforce after taskforce and surveys after surveys (like this one), nothing significant is actually being done to create better-paying jobs and deliver services directly to this side of town {East Side}."*

#### FOOD INSECURITY

*"There is such high cost of food, gas, and other necessities"*

*"...food and other goods and services are costing more than ever, those who are already struggling to get by are falling further and further behind. And when people feel hopeless, they either make bad choices or they just stop trying to get ahead."*



# Summary of Community Indicators

Summary Community Health Indicators (SCHI) are a subset of leading health indicators chosen to help organizations, communities, and public health leaders understand important drivers of health and well-being in Mecklenburg County. Most SCHIs address important factors that impact major causes of death and disease in the county across the life span of residents. Summary indicators are grouped into seven major themes: Length of Life, Quality of Life, Leading Causes of Death, Health Factors, Clinical Care, Social and Economic Determinants, and Community Safety Measures.

Definitions can be found in the Technical Notes section of this chapter.

## LENGTH OF LIFE

- Premature Death
- Life Expectancy
- Infant Mortality
- Child Mortality

## QUALITY OF LIFE

- Physical Health Days
- Mental Health Days
- Depression
- Diabetes Prevalence
- HIV Prevalence

## LEADING CAUSE OF DEATH

- All Cause Death
- Heart Disease
- Cancer-Related
- Diabetes
- COVID-19

## HEALTH FACTORS

- Current Smokers
- Obesity
- Physical Inactivity
- Excessive Drinking
- Sexually Transmitted Infections
- Teen Births

## CLINICAL CARE

- Uninsured Population
- Primary Care Physicians
- Dentists
- Mental Health Providers
- Mammogram Screening
- Colorectal Screenings
- Flu Vaccinations

## SOCIAL AND ECONOMIC DETERMINANTS

- Poverty
- Social Vulnerability Index
- Severe Housing Cost
- Cohort Graduation Rate
- Unemployment

- Speaks English less than “very well”
- Internet Availability
- Lack of Transportation
- Food Environment Index

## COMMUNITY SAFETY MEASURES

- Homicides
- Suicides
- Firearm Fatalities
- Motor Vehicle Crashes
- Drug Overdose

# Comparing Summary Community Health Indicators

This section features information from a variety of sources and geographic areas.

The Mecklenburg County Overview includes local, state, and national data sources providing the most current data at the time of publication. Peer County Comparisons primarily feature 2022 County Health Rankings data with age-adjusted metrics for comparisons across county and state boundaries.

Mecklenburg Municipality Profiles features data from CDC PLACES which employs a multilevel statistical modeling framework for small area estimates. While every effort was made to maintain uniformity in metrics, differences in methodology, modeling and years of data used may limit comparisons across data tables.

## Mecklenburg County Summary Community Health Indicators

		Mecklenburg, NC	North Carolina	Years of Data Used
	Total Population	1,122,276	10,565,885	2021
Length of Life	Life Expectancy (in years) <sup>18</sup>	80.1 years	76.4 years	2018-2020
	Premature Deaths before 75, per 100,000 population <sup>11</sup>	300	380	2018-2020
	Infant Mortality (per 1,000 Live Births) <sup>7</sup>	5.3	6.9	2017-2021
	Child Mortality Rate (per 100,000 population) <sup>4</sup>	56.9	58.8	2021
Quality of Life	Poor Physical Health for 8 or more days <sup>9,18</sup>	10.6%	7.5%	2021
	Poor Mental Health for 8 or more days <sup>9,18</sup>	15.8%	10.9%	2021
	Depressive Disorder (self-reported) <sup>9,18</sup>	19.0%	21.3%	2021
	Diabetes Prevalence <sup>9,18</sup>	10.4%	12.7%	2021
	HIV Prevalence (per 100,000) <sup>19</sup>	621.2	337.2	2021
Leading Causes of Death (crude rates)	All Cause Death (per 100,000) <sup>4</sup>	712.9	1,119.20	2021
	Heart Disease (per 100,000) <sup>4</sup>	119.8	201.9	2021
	Cancer-Related (per 100,000) <sup>4</sup>	119.7	191.7	2021
	Diabetes (per 100,000) <sup>4</sup>	19.2	37.3	2021
	COVID-19 Deaths (per 100,000) <sup>4</sup>	75.7	129.0	2021
Health Factors	Adult Current Smokers <sup>9,18</sup>	11.9%	14.4%	2021
	Adult Obesity <sup>9,18</sup>	34.0%	36.0%	2021
	Adult Physical Inactivity <sup>9,18</sup>	20.3%	22.3%	2021
	Sexually Transmitted Infections <sup>19</sup>	869.1	617.1	2021
	Teen Births (per 1,000 females ages 15-17) <sup>20</sup>	8.8	6.6	2021
Clinical Care	Adults 19-64 without health insurance <sup>8</sup>	15.1%	15.2%	2021
	Children <19 without health insurance <sup>8</sup>	8.3%	5.5%	2021
	Primary Care Physicians (ratio) <sup>11</sup>	1,130:1	1,400:1	2019
	Dentists (ratio) <sup>11</sup>	1,430:1	1,710:1	2019
	Never Had Mammogram (females ages 45+) <sup>9</sup>	1.7%	---	2022
	Never Had Colonoscopy (adults ages 45+) <sup>9</sup>	3.8%	---	2021
	Flu Vaccinations <sup>9,18</sup>	51.8%	54.0%	2022
Social and Economic Determinants	Population in Poverty <sup>2</sup>	9.9%	13.4%	2021
	Severe Housing Cost <sup>2</sup>	8.0%	7.6%	2017-2021
	Social Vulnerability Index <sup>21</sup> 0 (lowest vulnerability) to 1 (highest vulnerability)	0.605	---	2020
	Unemployment <sup>2</sup>	4.7%	5.8%	2021
	Cohort Graduation Rate <sup>22</sup>	83.3%	86.4%	2021
	Speaks English less than "very well" <sup>2</sup>	10.0%	4.8%	2021
	% Households without Internet <sup>2</sup>	8.5%	14.4%	2017-2021
	% Households with no Vehicles <sup>2</sup>	5.7%	5.4%	2021
	Food Environment Index <sup>11</sup> Scale from 0 (worst) to 10 (best)	8.2	6.6	2019
Community Safety Measures (crude rates)	Homicides (per 100,000) <sup>4</sup>	10.2	9.4	2021
	Suicides (per 100,000) <sup>4</sup>	11.3	13.7	2021
	Firearm Fatalities (per 100,000) <sup>4</sup>	7.3	17.4	2021
	Motor Vehicle Crashes (per 100,000) <sup>4</sup>	11.5	18.2	2021
	Drug Overdose Fatalities (per 100,000) <sup>4</sup>	17.4	38.5	2021

# Peer County Comparisons

Peer counties are counties that are experiencing similar trends and challenges in community health. They share key demographic, social, and economic indicators.

Additionally, peer counties tend to be in similar geographic regions. The Robert Wood Johnson (RWJ) County Health Rankings and Roadmaps and Centers for Disease Control (CDC) Community Health Status Indicators (CHSI) methodology of peer county comparisons were used to select peers for Mecklenburg County. Three peer counties (Allegheny, PA; Davidson, TN; Franklin, OH) were chosen based on a similar demographic profile.

Wake, NC is included as a neighbor county and peer, despite having lower poverty rates and less diversity than Mecklenburg. Data in this section relies heavily upon 2022 County Health Ranking reports and CDC Wonder to provide fair comparisons across peer counties. Therefore, the Mecklenburg County estimates presented in this section vary from the preceding Summary Community Health Indicators featured due to the differences in timeframe and methodology.

When comparing SCHIs across peer counties, Mecklenburg ranked similar or better than most counties, except for Wake County, NC. In general Wake County fared better with most indicators. According to 2022 County Health Rankings, Wake NC is ranked number 1 among the 100 counties of NC, while Mecklenburg ranks number 6.

## Comparison of Selected Summary Community Health Indicators (SCHIs)

Source: 2022 County Health Rankings

	Mecklenburg County Estimate	Peers with Better or Similar Outcomes	Peers with Poorer Outcomes
Life Expectancy	80 Years	Wake, NC	Allegheny, PA Davidson, TN Franklin, OH
Diabetes Prevalence	10%	Allegheny, PA; Wake, NC	Davidson, TN Franklin, OH
COVID-19 Age Adjusted Death Rate	60 per 100,000	Allegheny, PA; Wake, NC	Davidson, TN Franklin, OH
Adult Current Smokers (>18)	15%	Wake, NC	Allegheny, PA Davidson, TN Franklin, OH
Adult Excessive Drinking (>18)	20%	Davidson, TN	Allegheny, PA Franklin, OH Wake, NC
Population under 65 without health insurance	13%	Allegheny, PA; Franklin, OH; Wake, NC	Allegheny, PA
Severe Housing Cost Burden	13%	Allegheny, PA; Franklin, OH; Wake, NC	Davidson, TN
Homicide, Age Adjusted	8 per 100,000	Allegheny, PA; Wake, NC	Davidson, TN Franklin, OH
Drug Overdose Fatalities, Age Adjusted	19 per 100,000	Wake, NC	Allegheny, PA Davidson, TN Franklin, OH

## Comparison of Selected Summary Community Health Indicators (SCHIs)

When comparing SCHIs across peer counties, Mecklenburg ranked similar or better than most counties, except for Wake County, NC. In general Wake County fared better with most indicators. According to 2022 County Health Rankings, Wake NC is ranked number 1 among the 100 counties of NC, while Mecklenburg ranks number 6.

		Mecklenburg County, NC (Charlotte)
<b>Length of Life</b>	Life Expectancy (in years)	<b>80 years</b>
	Premature Deaths* (per 100,000 population)	300
	Infant Mortality (per 1,000 Live Births)	6
	Child Mortality Rate under 18 yrs. (per 100,000)	50
<b>Quality of Life</b>	Average Poor Physical Health Days*	3.4
	Average Poor Mental Health Days*	4
	Diabetes Prevalence (adults 20 yrs. +)*	10%
	HIV Prevalence	660.0
<b>Leading Causes of Death</b> ( <i>crude rates</i> )	All Cause Death (per 100,000)*	680.0
	Heart Disease (per 100,000)*	126.4
	Cancer-Related (per 100,000)*	133.7
	Diabetes (per 100,000)*	19.6
	COVID-19 (per 100,000)*	60
<b>Health Factors</b>	Adult Current Smokers*	15%
	Adult Obesity*	29%
	Adult Physical Inactivity*	22%
	Adult Excessive Drinking*	20%
<b>Clinical Care</b>	Sexually Transmitted Infections	876.9
	Teen Births (per 1,000 females ages 15-19)	19
	% Population under 65 without health insurance	13%
	Primary Care Physicians (ratio)	1,130:1
	Dentists (ratio)	1,430:1
	Mammogram screening (%females ages 65-74)	47%
	Flu Vaccinations	54%
<b>Social and Economic Determinants</b>	Children in Poverty	16%
	Severe Housing Cost	13%
	Unemployment	7.8%
	Speaks English less than "very well"	8.8%
	% Households without Internet	9.8%
	% Households with no Vehicles	5.7%
	Food Environment Index	8.2
<b>Community Safety Measures</b>	Homicide (per 100,000)*	8
	Suicides (per 100,000)*	10
	Firearm Fatalities (per 100,000)*	12
	Motor Vehicle Crashes (per 100,000)*	9
	Drug Overdose Fatalities (per 100,000)*	19

\* Age adjusted rates. This table features data from the 2022 County Health Rankings report. Data can be accessed at: County Health Rankings & Roadmaps <https://www.countyhealthrankings.org/reports/county-health-rankings-reports>

Wake County, NC (Raleigh)	Allegheny County, PA (Pittsburgh)	Davidson County,TN (Nashville)	Franklin County, OH (Columbus)	Years of Data Used
<b>81.6 years</b>	<b>77.9 years</b>	<b>76.3 years</b>	<b>76.6 years</b>	2018-2020
240	370	440	410	2014-2020
5	6	7	8	2017-2020
40	50	70	60	2017-2020
3.1	3.7	4.3	4.1	2019
3.8	4.5	4.9	4.9	2019
9%	10%	12%	11%	2019
369	282	635	464	2019
619.4	798.8	857.6	849	2016-2020
117.3	187.6	182.5	174	2016-2020
130.1	159.7	159	155.5	2016-2020
17	18.7	25	24.2	2016-2020
44	59	81	84	2020
13%	18%	17%	20%	2019
28%	29%	34%	36%	2019
20%	24%	27%	28%	2019
21%	23%	19%	20%	2019
572.9	518.2	841.8	782.4	2019
11	11	27	21	2014-2020
10%	5%	13%	9%	2019
1,150:1	890:1	1,040:1	960:1	2019
1,390:1	1,030:1	1,230:1	1,090:1	2020
47%	43%	40%	49%	2019
59%	51%	52%	53%	2019
8%	13%	17%	20%	2020
11%	12%	15%	13%	2016-2020
6.4%	9.0%	8.0%	7.4%	2020
5.6%	2.3%	9.1%	5.2%	2016-2020
6.7%	13.7%	11.4%	10.2%	2016-2020
3.7%	13.3%	6.3%	7.2%	2016-2020
8.4	8.3	7.8	7.7	2019
3	8	12	10	2014-2020
9	14	13	12	2014-2020
7	14	19	15	2014-2020
7	6	12	9	2014-2020
38.5	44	48	48	2018-2020





## Municipality Profiles

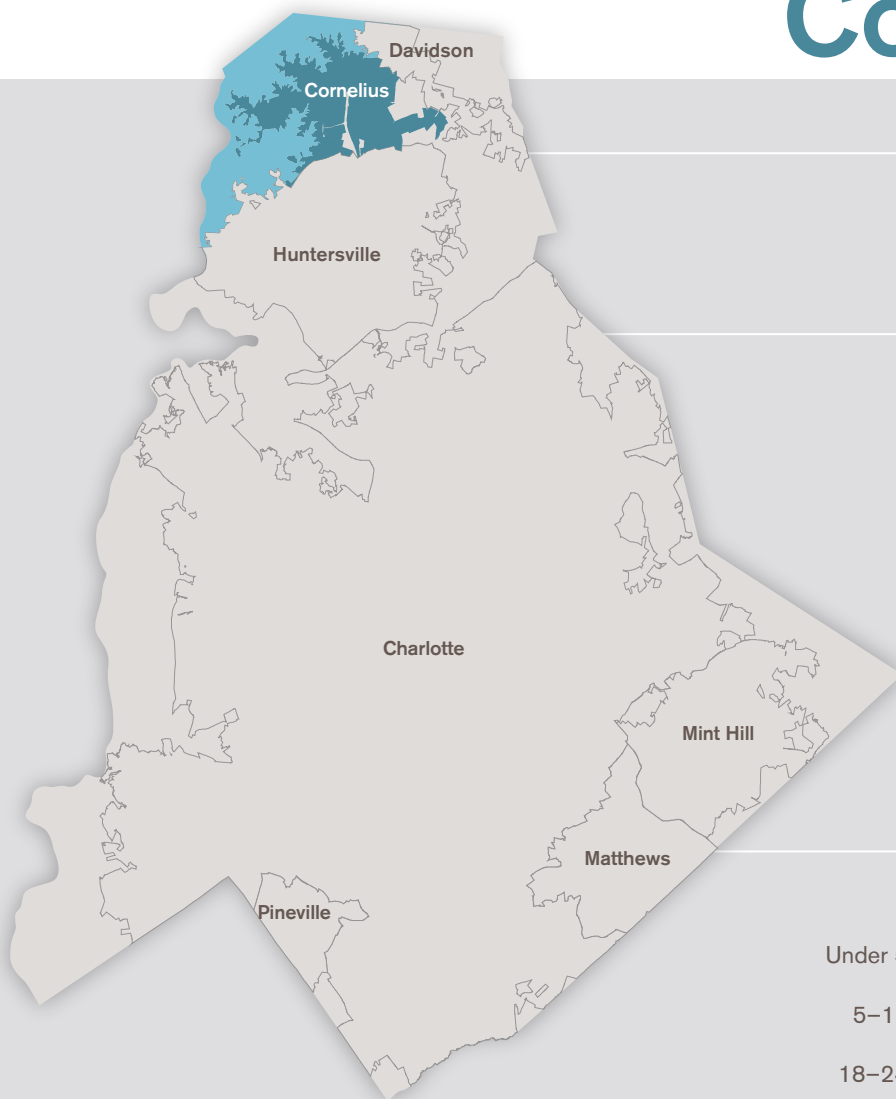
Mecklenburg County includes seven municipalities and several unincorporated areas located throughout the county.

Municipality profiles compare Summary Community Health Indicators for each municipality with county-level measurements. Demographics, such as race, median household income, and educational attainment are provided for context and comparisons.

Most data in this section are from CDC PLACES, US Census American Community Survey, and the results of local data analyses.



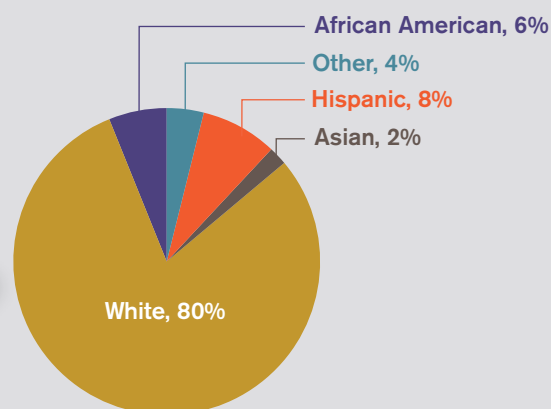
# Cornelius, NC



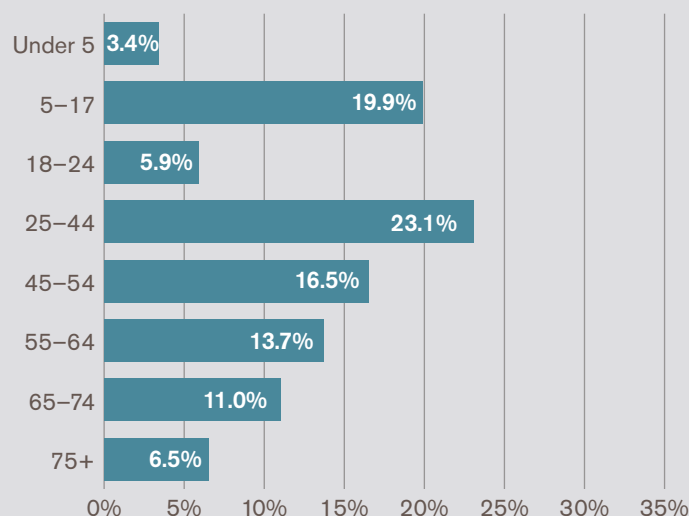
## POPULATION, 2021

**31,650**

## RACE/ETHNICITY



## AGE DISTRIBUTION



Median Household Income  
2017–2021 (in 2021 dollars)

Educational Attainment  
High School or Less

Median Gross Rent  
2017–2021

**Cornelius, NC**

**\$95,147**

**15.1%**

**\$1,343**

**Mecklenburg**

**\$73,124**

**25.7%**

**\$1,276**

Source: US Census, American Community Survey (ACS)

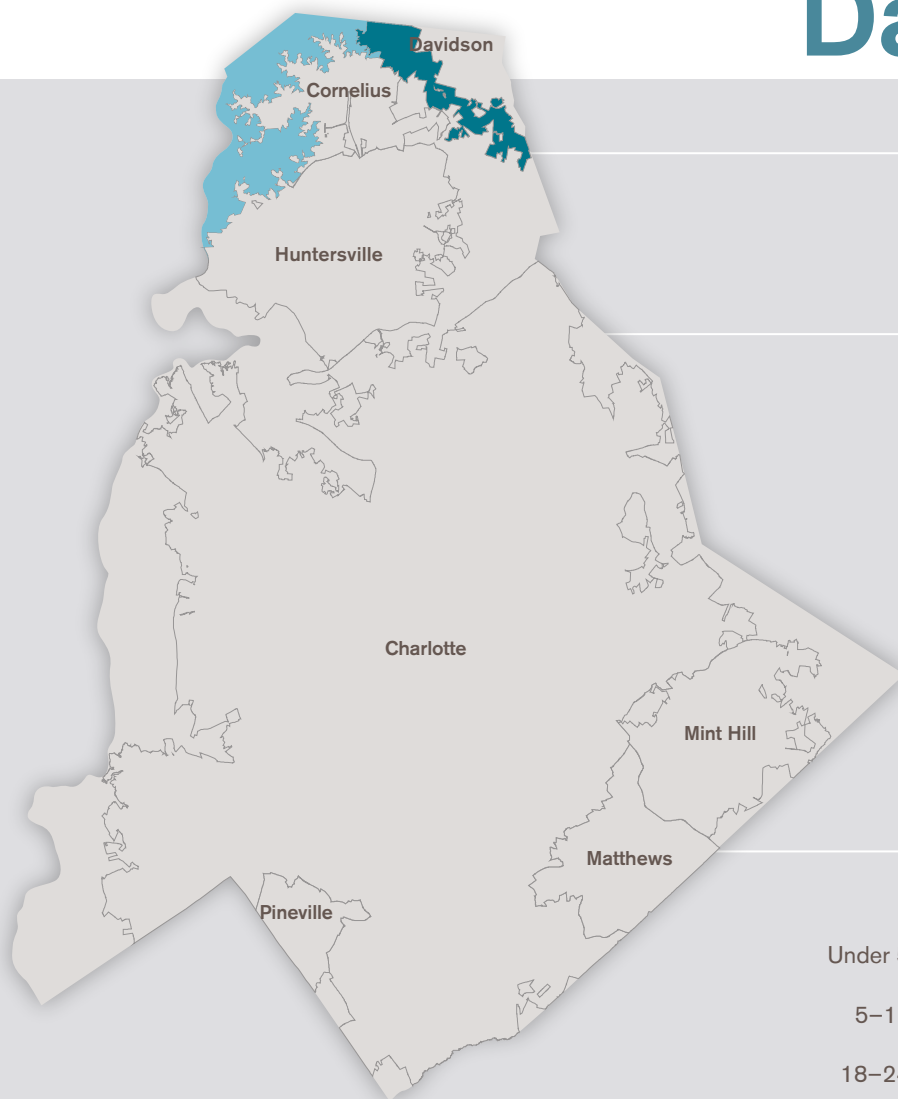
## Summary Community Health Indicators

		Mecklenburg, NC Rate 95% CI*	Cornelius, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	226.6	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	7.0 (6.6, 7.4)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	20.0 (19.5, 20.6)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	6.9 (6.7, 7.2)	2020
	HIV Prevalence (per 100,000)	621.2	97.2	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	12.0 (10.8, 13.2)	2020
	Adult Obesity	29.2 (28.1, 30.1)	25.2 (24.6, 25.9)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	14.9 (14.0, 15.8)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	18.1 (17.8, 18.4)	2020
	Sexually Transmitted Infections	869.1	278.2	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	9.3%	2021
	% Children <19 without health insurance	8.3%	6.6%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	78.6 (76.8, 80.3)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	76.6 (75.2, 77.8)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	6.6%	2021
	% Severe Housing Cost	8.0%	9.7%	2021
	% Unemployment	4.7%	4.4%	2021
	% Speaks English less than “very well”	10.0%	2.7%	2021
	% Households without Internet	8.5%	6.4%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	2.7%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	—	2016-2020
	Suicides (per 100,000)	9.4	12.7	2016-2020
	Firearm Fatalities (per 100,000)	7.3	—	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	8.0	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	14.1	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.

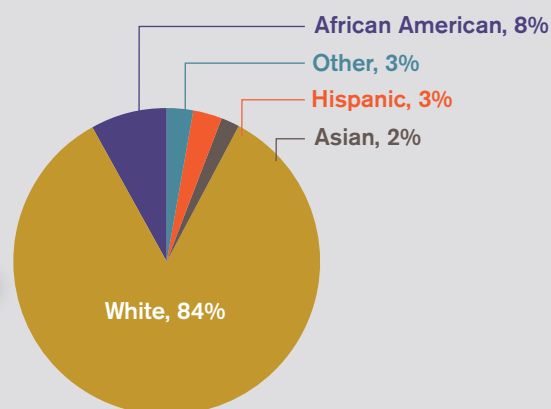
# Davidson, NC



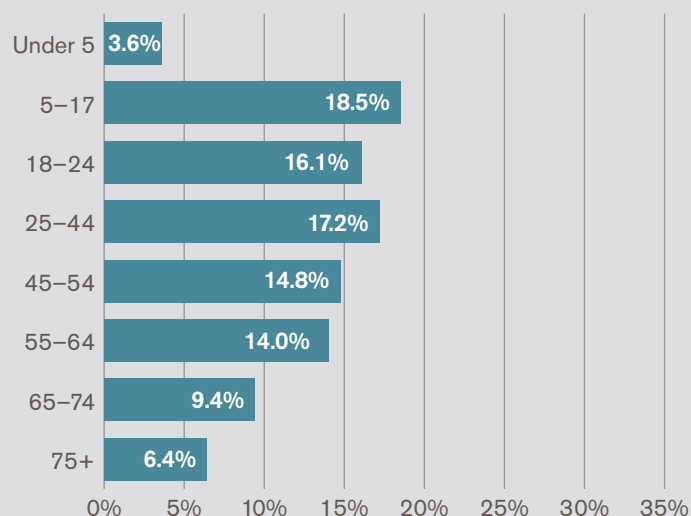
## POPULATION, 2021

**15,132**

## RACE/ETHNICITY



## AGE DISTRIBUTION



Median Household Income  
2017–2021 (in 2021 dollars)

Educational Attainment  
High School or Less

Median Gross Rent  
2017–2021

Davidson, NC

**\$141,845**

**8.2%**

**\$1,352**

Mecklenburg

**\$73,124**

**25.7%**

**\$1,276**

Source: US Census, American Community Survey (ACS)

## Summary Community Health Indicators

		Mecklenburg, NC Rate 95% CI*	Davidson, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	202.8	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	6.9 (6.4, 7.5)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	20.1 (19.3, 20.9)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	7.0 (6.6, 7.3)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	11.3 (10.0, 12.8)	2020
	Adult Obesity	29.2 (28.1, 30.1)	25.1 (24.2, 25.9)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	14.5 (13.4, 15.7)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	17.8 (17.3, 18.2)	2020
	Sexually Transmitted Infections	869.1	278.26	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	6.0%	2021
	% Children <19 without health insurance	8.3%	2.6%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	78.9 (76.7, 80.8)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	77.1 (75.5, 78.4)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	6.5%	2021
	% Severe Housing Cost	8.0%	5.8%	2021
	% Unemployment	4.7%	2.8%	2021
	% Speaks English less than “very well”	10.0%	1.2%	2021
	% Households without Internet	8.5%	4.2%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	2.3%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	—	2016-2020
	Suicides (per 100,000)	9.4	—	2016-2020
	Firearm Fatalities (per 100,000)	7.3	—	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	—	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	13.9	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.

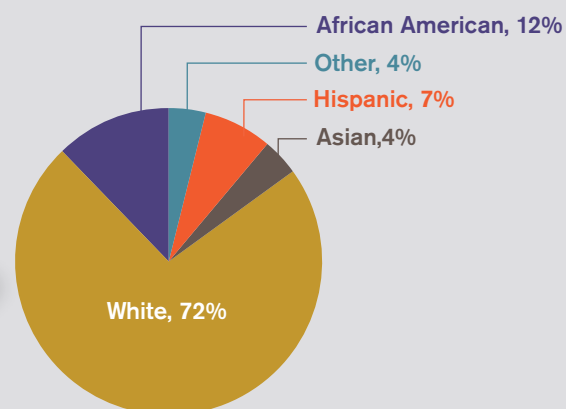
# Huntersville, NC



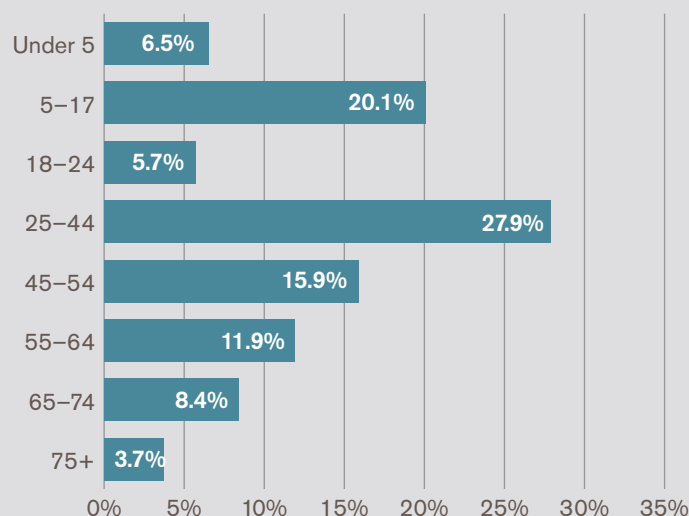
## POPULATION, 2021

**61,839**

## RACE/ETHNICITY



## AGE DISTRIBUTION



Median Household Income  
2017–2021 (in 2021 dollars)

Educational Attainment  
High School or Less

Median Gross Rent  
2017–2021

Huntersville, NC **\$102,335**

**17.6%**

**\$1,509**

Mecklenburg **\$73,124**

**25.7%**

**\$1,276**

Source: US Census, American Community Survey (ACS)

## Summary Community Health Indicators

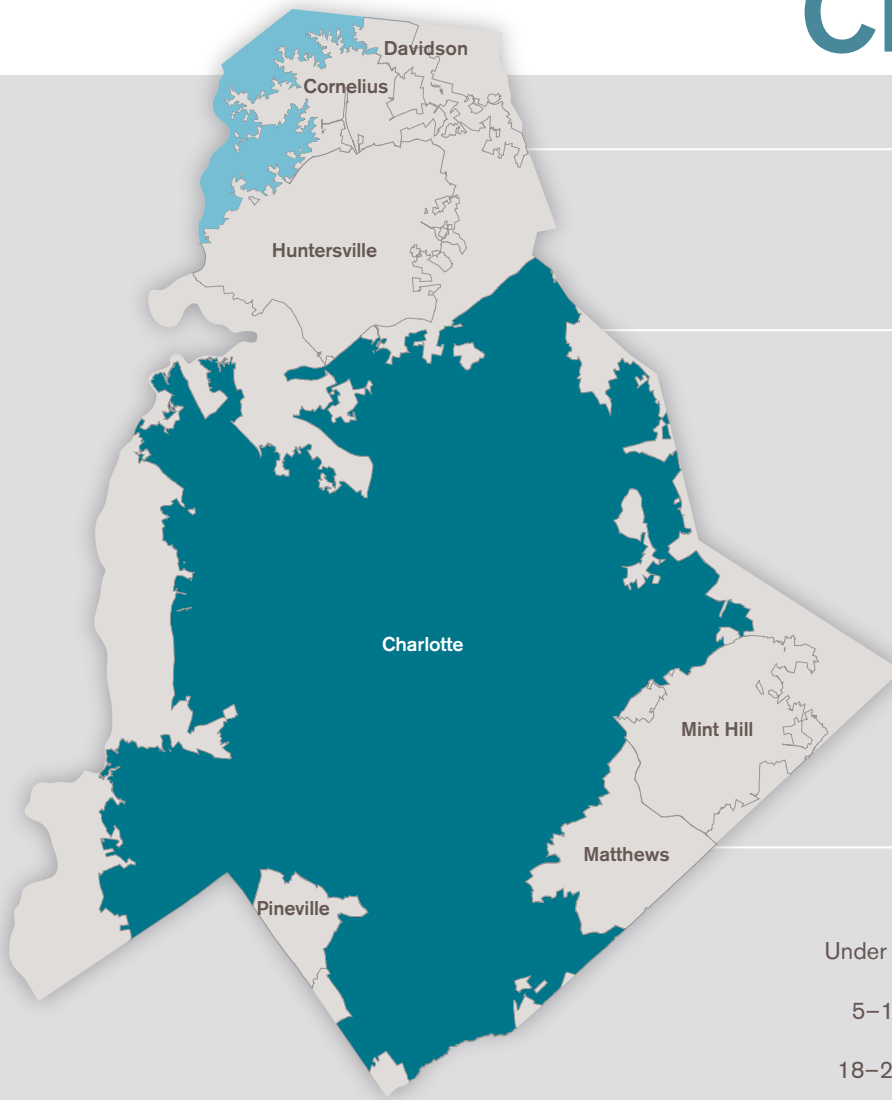
		Mecklenburg, NC Rate 95% CI*	Huntersville, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	243.7	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	6.9 (6.6, 7.1)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	19.6 (19.2, 19.9)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	7.1 (6.9, 7.2)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	11.5 (10.8, 12.3)	2020
	Adult Obesity	29.2 (28.1, 30.1)	25.3 (24.9, 25.7)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	14.9 (14.3, 15.5)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	17.8 (17.6, 18.0)	2020
	Sexually Transmitted Infections	869.1	398.0	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	7.5%	2021
	% Children <19 without health insurance	8.3%	4.4%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	79.1 (78.0, 80.1)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	76.8 (76.0, 77.5)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	4.2%	2021
	% Severe Housing Cost	8.0%	6.0%	2021
	% Unemployment	4.7%	3.7%	2021
	% Speaks English less than “very well”	10.0%	3.5%	2021
	% Households without Internet	8.5%	5.0%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	2.9%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	2.8	2016-2020
	Suicides (per 100,000)	9.4	10.1	2016-2020
	Firearm Fatalities (per 100,000)	7.3	2.8	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	6.6	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	14.3	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.



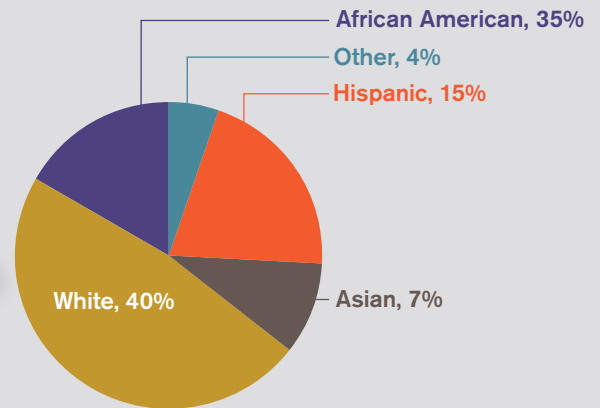
# Charlotte, NC



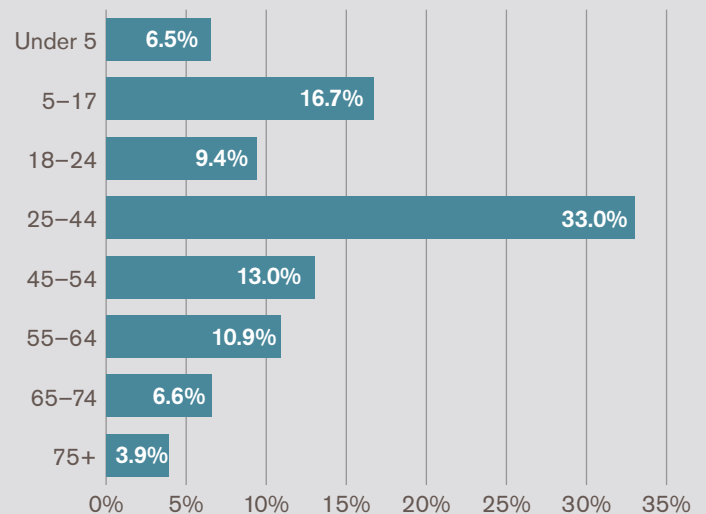
## POPULATION, 2021

**879,709**

## RACE/ETHNICITY



## AGE DISTRIBUTION



	Median Household Income 2017–2021 (in 2021 dollars)	Educational Attainment High School or Less	Median Gross Rent 2017–2021
Charlotte, NC	<b>\$68,367</b>	<b>27.2%</b>	<b>\$1,260</b>
Mecklenburg	<b>\$73,124</b>	<b>25.7%</b>	<b>\$1,276</b>

Source: US Census, American Community Survey (ACS)

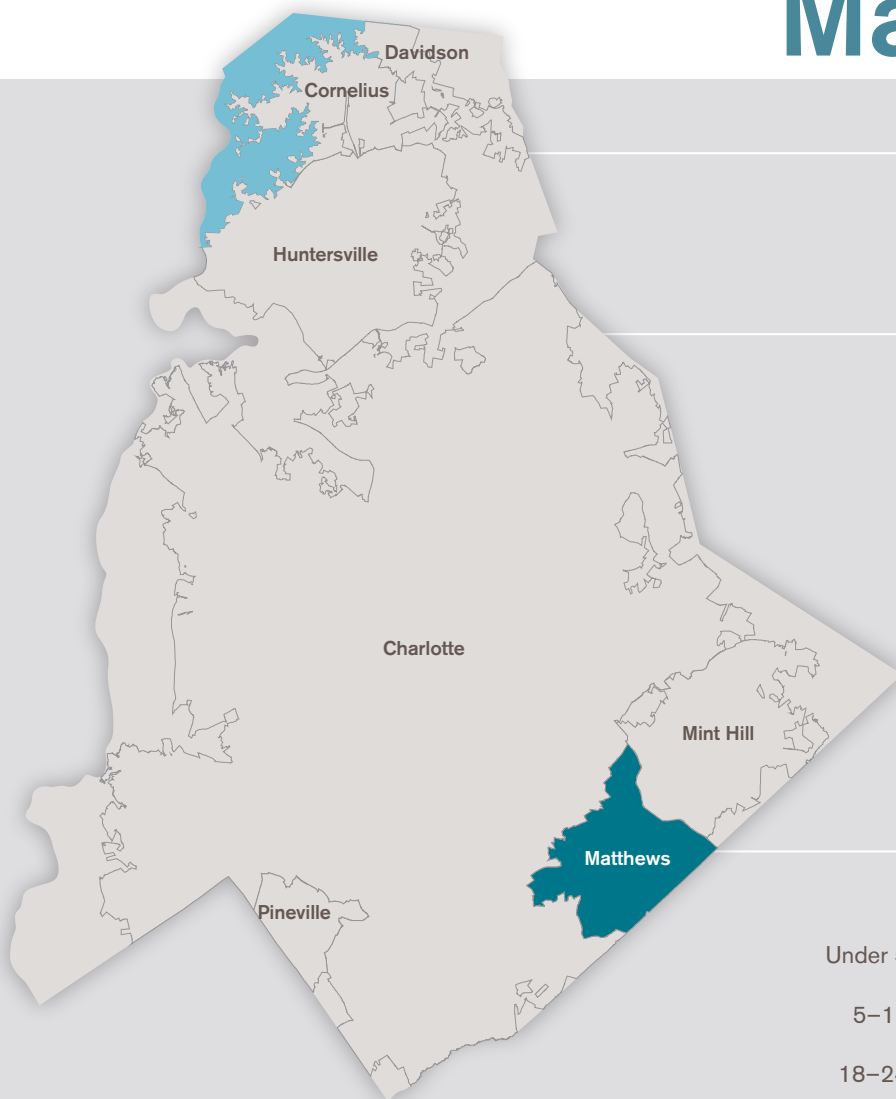
## Summary Community Health Indicators

		Mecklenburg, NC Rate 95% CI*	Charlotte, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	308.2	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	9.1 (9.0, 9.1)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	19.0 (18.9, 19.1)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	10.1 (10.1, 10.2)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	15.1 (14.9, 15.3)	2020
	Adult Obesity	29.2 (28.1, 30.1)	30.5 (30.4, 30.6)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	21.1 (20.9, 21.3)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	15.2 (15.2, 15.3)	2020
	Sexually Transmitted Infections	869.1	1019.3	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	16.5%	2021
	% Children <19 without health insurance	8.3%	7.7%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	78.7 (78.5, 79.0)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	74.8 (74.6, 75.0)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	11.6%	2021
	% Severe Housing Cost	8.0%	7.9%	2021
	% Unemployment	4.7%	4.9%	2021
	% Speaks English less than “very well”	10.0%	10.2%	2021
	% Households without Internet	8.5%	9.1%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	6.2%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	9.9	2016-2020
	Suicides (per 100,000)	9.4	9.3	2016-2020
	Firearm Fatalities (per 100,000)	7.3	8.5	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	10.5	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	17.8	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.

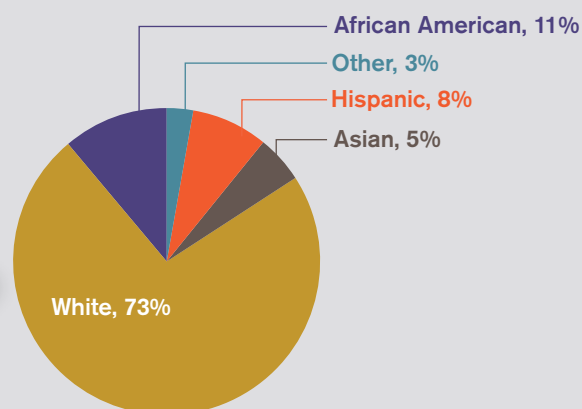
# Matthews, NC



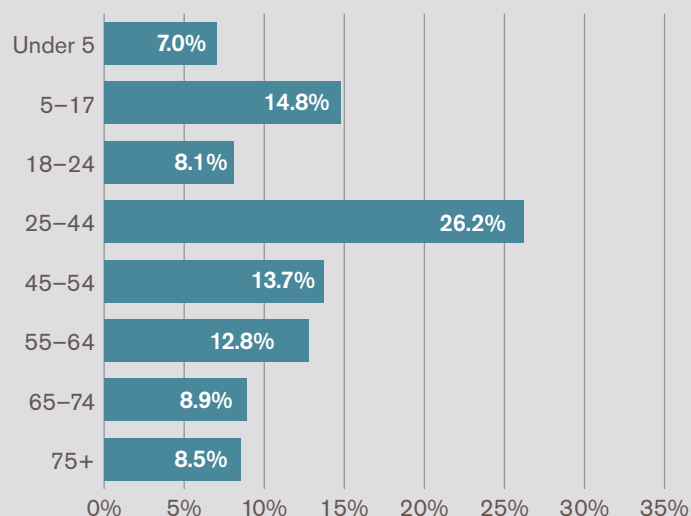
## POPULATION, 2021

**29,623**

## RACE/ETHNICITY



## AGE DISTRIBUTION



Median Household Income  
2017–2021 (in 2021 dollars)

Educational Attainment  
High School or Less

Median Gross Rent  
2017–2021

Matthews, NC **\$96,195**

**19.2%**

**\$1,412**

Mecklenburg **\$73,124**

**25.7%**

**\$1,276**

Source: US Census, American Community Survey (ACS)

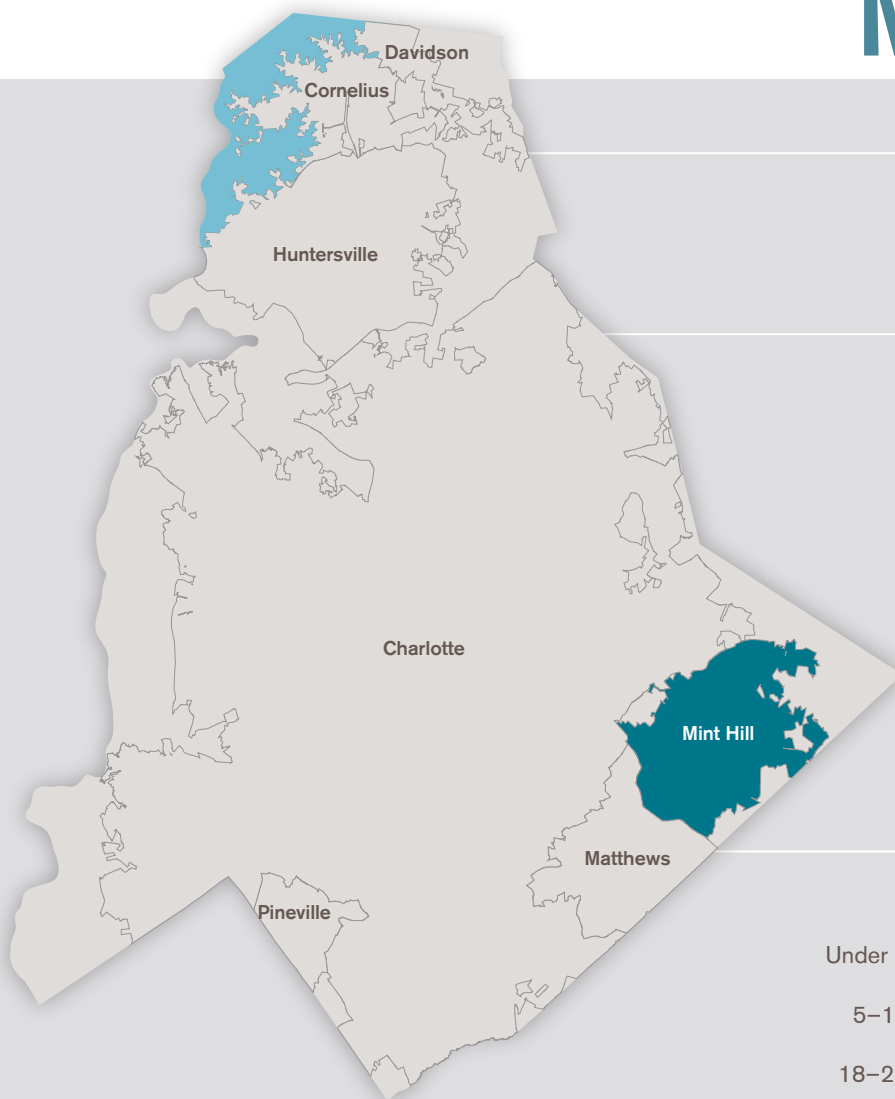
## Summary Community Health Indicators

		Mecklenburg, NC Rate 95% CI*	Matthews, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	341.5	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	7.2 (6.9, 7.5)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	19.7 (19.3, 20.1)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	7.2 (7.0, 7.4)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	12.4 (11.5, 13.3)	2020
	Adult Obesity	29.2 (28.1, 30.1)	25.7 (25.2, 26.1)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	15.8 (15.0, 16.6)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	17.4 (17.1, 17.6)	2020
	Sexually Transmitted Infections	869.1	553.8	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	9.5%	2021
	% Children <19 without health insurance	8.3%	2.4%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	78.4 (77.1, 79.7)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	76.2 (75.2, 77.1)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	4.6%	2021
	% Severe Housing Cost	8.0%	4.8%	2021
	% Unemployment	4.7%	3.0%	2021
	% Speaks English less than “very well”	10.0%	5.3%	2021
	% Households without Internet	8.5%	7.0%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	3.5%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	4.9	2016-2020
	Suicides (per 100,000)	9.4	14.7	2016-2020
	Firearm Fatalities (per 100,000)	7.3	—	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	6.7	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	22.0	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.

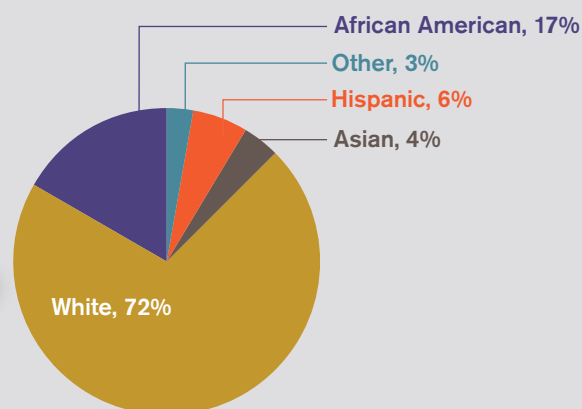
# Mint Hill, NC



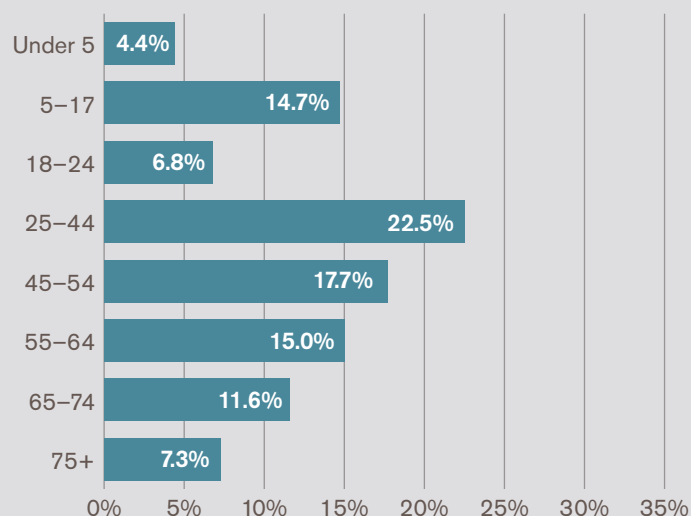
## POPULATION, 2021

**26,633**

## RACE/ETHNICITY



## AGE DISTRIBUTION



	Median Household Income 2017–2021 (in 2021 dollars)	Educational Attainment High School or Less	Median Gross Rent 2017–2021
Mint Hill, NC	<b>\$84,468</b>	<b>28.0%</b>	<b>\$1,220</b>
Mecklenburg	<b>\$73,124</b>	<b>25.7%</b>	<b>\$1,276</b>

Source: US Census, American Community Survey (ACS)

## Summary Community Health Indicators

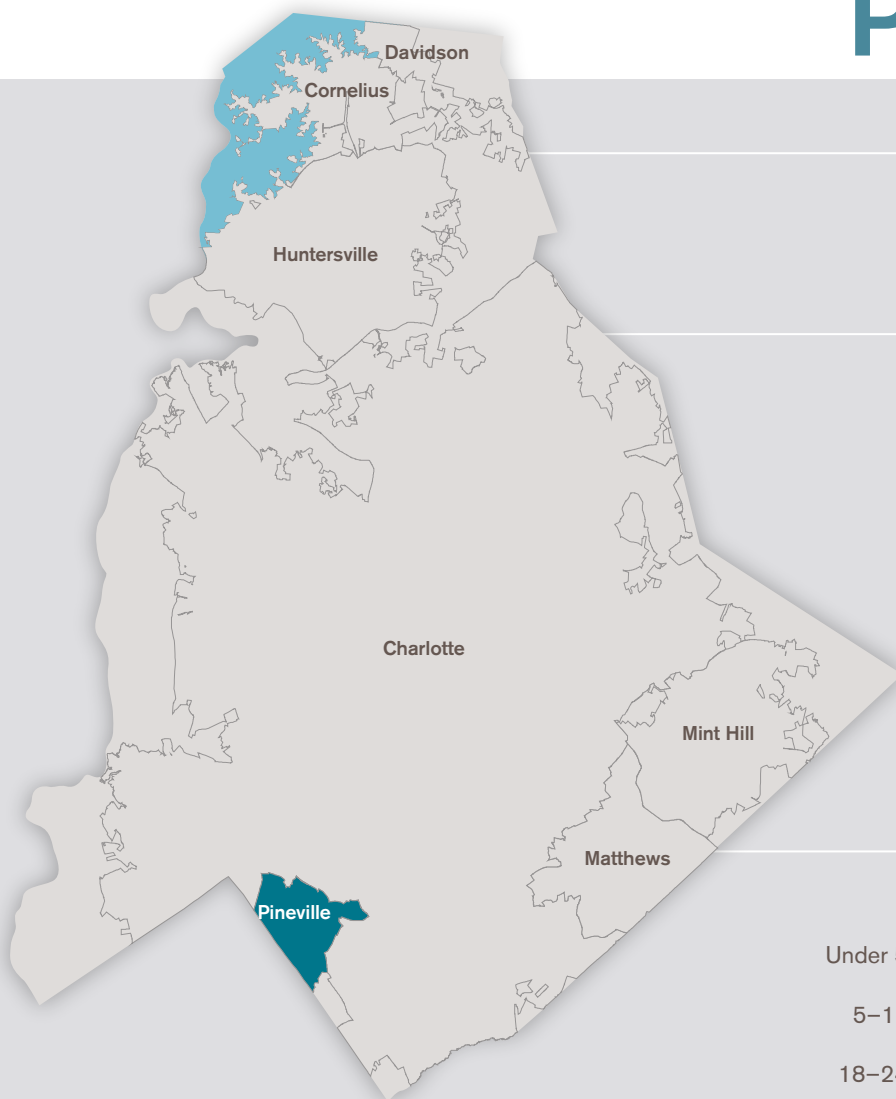
		Mecklenburg, NC Rate 95% CI*	Mint Hill, NC Rate 95% CI*	Years of Data Used
<b>Length of Life</b>	Premature Death Rate before 75, per 100,000 population	298	266.3	2016-2020
<b>Quality of Life</b>	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	8.4 (8.0, 8.7)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	20.6 (20.6, 21.0)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	8.1 (7.9, 8.3)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
<b>Health Factors</b>	Adult Smoking	13.9 (11.9, 16.1)	15.1 (14.2, 16.2)	2020
	Adult Obesity	29.2 (28.1, 30.1)	27.8 (27.4, 28.3)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	18.6 (17.9, 19.4)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	17.1 (16.9, 17.4)	2020
	Sexually Transmitted Infections	869.1	300.8	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
<b>Clinical Care</b>	% Adults 19-64 without health insurance	15.1%	10.6%	2021
	% Children <19 without health insurance	8.3%	5.1%	2021
	Mammogram Screenings (% females age 50–74)	78.8 (76.1, 81.3)	77.2 (75.9, 78.5)	2020
	Colorectal Screenings (% adults age 50–75)	74.8 (72.6, 76.8)	74.7 (73.7, 75.7)	2020
<b>Social and Economic Determinants</b>	% in Poverty	9.9%	7.9%	2021
	% Severe Housing Cost	8.0%	10.3%	2021
	% Unemployment	4.7%	4.5%	2021
	% Speaks English less than “very well”	10.0%	3.7%	2021
	% Households without Internet	8.5%	4.8%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	2.0%	2021
<b>Community Safety Measures</b>	Homicides (per 100,000)	8.6	3.7	2016-2020
	Suicides (per 100,000)	9.4	10.3	2016-2020
	Firearm Fatalities (per 100,000)	7.3	—	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	5.8	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	13.9	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.



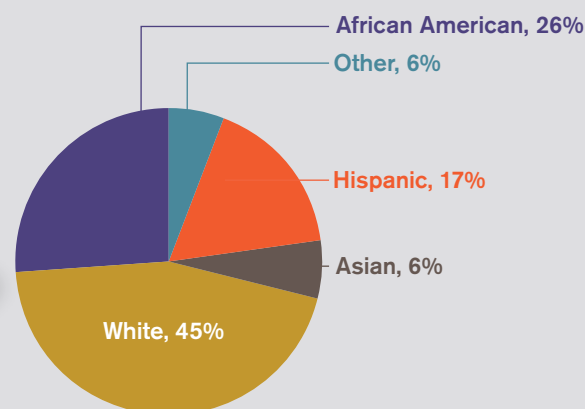
# Pineville, NC



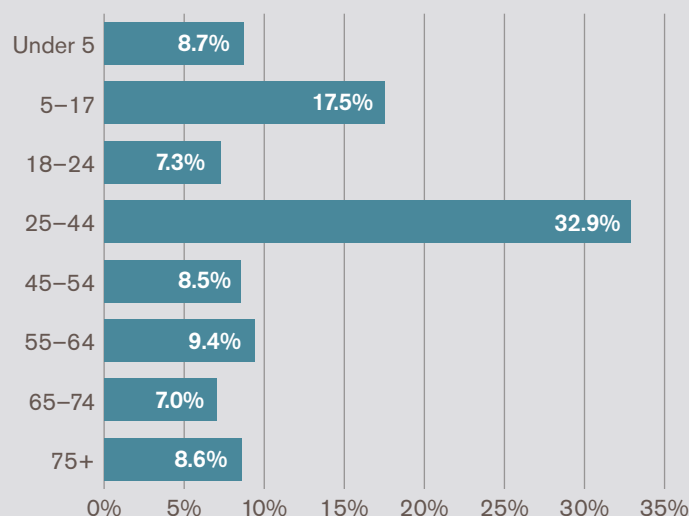
## POPULATION, 2021

**10,678**

## RACE/ETHNICITY



## AGE DISTRIBUTION



Median Household Income  
2017–2021 (in 2021 dollars)

Educational Attainment  
High School or Less

Median Gross Rent  
2017–2021

Pineville, NC **\$53,199**

**23.0%**

**\$1,210**

Mecklenburg **\$73,124**

**25.7%**

**\$1,276**

Source: US Census, American Community Survey (ACS)

## Summary Community Health Indicators

		Mecklenburg, NC Rate 95% CI*	Pineville, NC Rate 95% CI*	Years of Data Used
Length of Life	Premature Death Rate before 75, per 100,000 population	298	410.2	2016-2020
	Infant Mortality (per 1,000 Live Births)	6.0	—	2016-2020
	Child Mortality Rate under 18 years (per 100,000 population)	50	pending	2016-2020
Quality of Life	Poor Physical Health for ≥ 14 days (% 18 years+)	8.5 (7.7, 9.2)	9.2 (8.6, 9.8)	2020
	Depressive Disorder, self-reported (% 18 years+)	18.7 (17.9, 19.6)	19.8 (19.2, 20.4)	2020
	Diabetes Prevalence (% 18 years+)	9.7 (9.1, 10.1)	9.6 (9.2, 10.0)	2020
	HIV Prevalence (per 100,000)	621.2	pending	2021
Health Factors	Adult Smoking	13.9 (11.9, 16.1)	14.9 (13.4, 16.5)	2020
	Adult Obesity	29.2 (28.1, 30.1)	30.3 (29.5, 31.0)	2020
	Adult Physical Inactivity	20.0 (18.1, 21.9)	21.1 (19.6, 22.5)	2020
	Adult Binge Drinking	15.2 (14.8, 15.7)	15.3 (15.0, 15.7)	2020
	Sexually Transmitted Infections	869.1	896.6	2021
	Teen Births (per 1,000 females ages 15-17)	8.8	pending	2016-2020
Clinical Care	% Adults 19-64 without health insurance	15.1%	14.5%	2021
	% Children <19 without health insurance	8.3%	2.2%	2021
	Mammogram Screenings (% females age 50-74)	78.8 (76.1, 81.3)	76.8 (74.6, 79.0)	2020
	Colorectal Screenings (% adults age 50-75)	74.8 (72.6, 76.8)	72.9 (71.2, 74.4)	2020
Social and Economic Determinants	% in Poverty	9.9%	13.1%	2021
	% Severe Housing Cost	8.0%	18.9%	2021
	% Unemployment	4.7%	3.8%	2021
	% Speaks English less than “very well”	10.0%	9.4%	2021
	% Households without Internet	8.5%	18.7%	2021
	% Households with no Vehicles <sup>16</sup>	5.7%	13.3%	2021
Community Safety Measures	Homicides (per 100,000)	8.6	—	2016-2020
	Suicides (per 100,000)	9.4	17.9	2016-2020
	Firearm Fatalities (per 100,000)	7.3	—	2016-2020
	Motor Vehicle Crashes (per 100,000)	9.7	11.2	2016-2020
	Drug Overdose Fatalities (per 100,000)	17.4	20.2	2016-2020

\* 95% Confidence Interval.

— Rates are not available for indicators with less than 5 cases.



Community Health Issues:

# Our Priorities

In 2017, nine health issues were identified during the CHA process: Access to Care, Chronic Disease Prevention, Healthy Environment, Healthy Pregnancy, HIV and other STIs, Injury Prevention, Mental Health, Substance Use Disorder, and Violence Prevention.

Further review of data, during the 2022 CHA process informed the addition of a tenth category: Emerging Health Issues, which characterizes the impact of emerging or re-emerging health conditions posing public health threats. Health disparities and social determinants of health were not called out specifically as health issues but rather incorporated within each of the 10 topic areas.

Beginning in 2020, the pandemic's disruption of health services severely limited community initiatives addressing previous priority health issues. Additionally, public health measures aimed at reducing COVID-19 exposure reduced opportunities for in-person meetings and public response during the 2022 CHA process. Therefore, rankings from the 2019 CHA were retained and validated through a systematic review of data along with collected public input.

Community input rankings were like the 2019 list with the following exceptions: Healthy Environment was ranked as the fourth most important health issue while Chronic Disease and Prevention received a lower rank, falling out of the top list. Chronic Disease and Prevention was retained in the prioritized list due to ample data supporting its impact on population health and evidence-based strategies to address this issue at the county level.

Based upon these considerations the top priority health issues for the 2022 CHA, listed in alphabetical order, are: Access to Care, Chronic Disease Prevention, Mental Health, and Violence Prevention



Access  
to Care



Chronic  
Disease  
Prevention



Mental  
Health



Violence  
Prevention



## Access to Care

Access to care refers to an individual's ability to access and respond appropriately to health care services.

While health insurance coverage is not necessarily equivalent to access to care, coverage strongly affects a person's ability to access care. People with health insurance are more likely to have a usual source of care. Those with usual sources of care experience fewer delays in receiving care and get more regular preventive care.

As underlying costs of medical care continue to rise, accessing health care services, both for the privately insured and the uninsured becomes increasingly expensive, and for some with lower income and/or poorer health, cost prohibitive. Other factors influencing one's ability and willingness to access care are cultural differences regarding care, limited English proficiency, lack of knowledge of resources and/or how to navigate the system, and incompatible locations or hours of service.

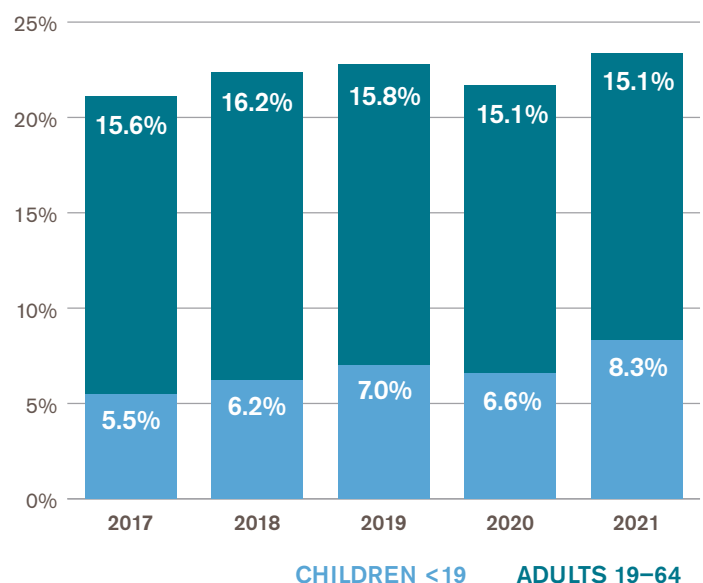
### Access to Care Summary Health Measures

	Pre-Covid Estimate (2017–2018) <sup>8,9</sup>	Post-Covid Estimate (2020–2021) <sup>8,9</sup>	Change in Recent Years
Uninsured Population, total	11.5%	11.8%	Stable
Adults 19 – 64, uninsured	15.6%	15.1%	Stable
Children <19, uninsured	5.5%	8.3%	<b>Worsening</b>
Adults Without Primary Care Provider	22.2%	25.6%	Stable
Medical Care Avoidance Due to Cost	18.9%	16.4%	Stable

Failure to expand Medicaid in North Carolina during the CHA reporting period stalled progress in increasing health insurance coverage among vulnerable populations. Little change in health insurance coverage has been noted in recent years among adults ages 19 – 64. Prior to the pandemic, nearly 16% of adults were uninsured, declining to 15% by the year 2021. Uninsured rates among children under 19 years have increased from 5% in 2017 to 8% in 2021.

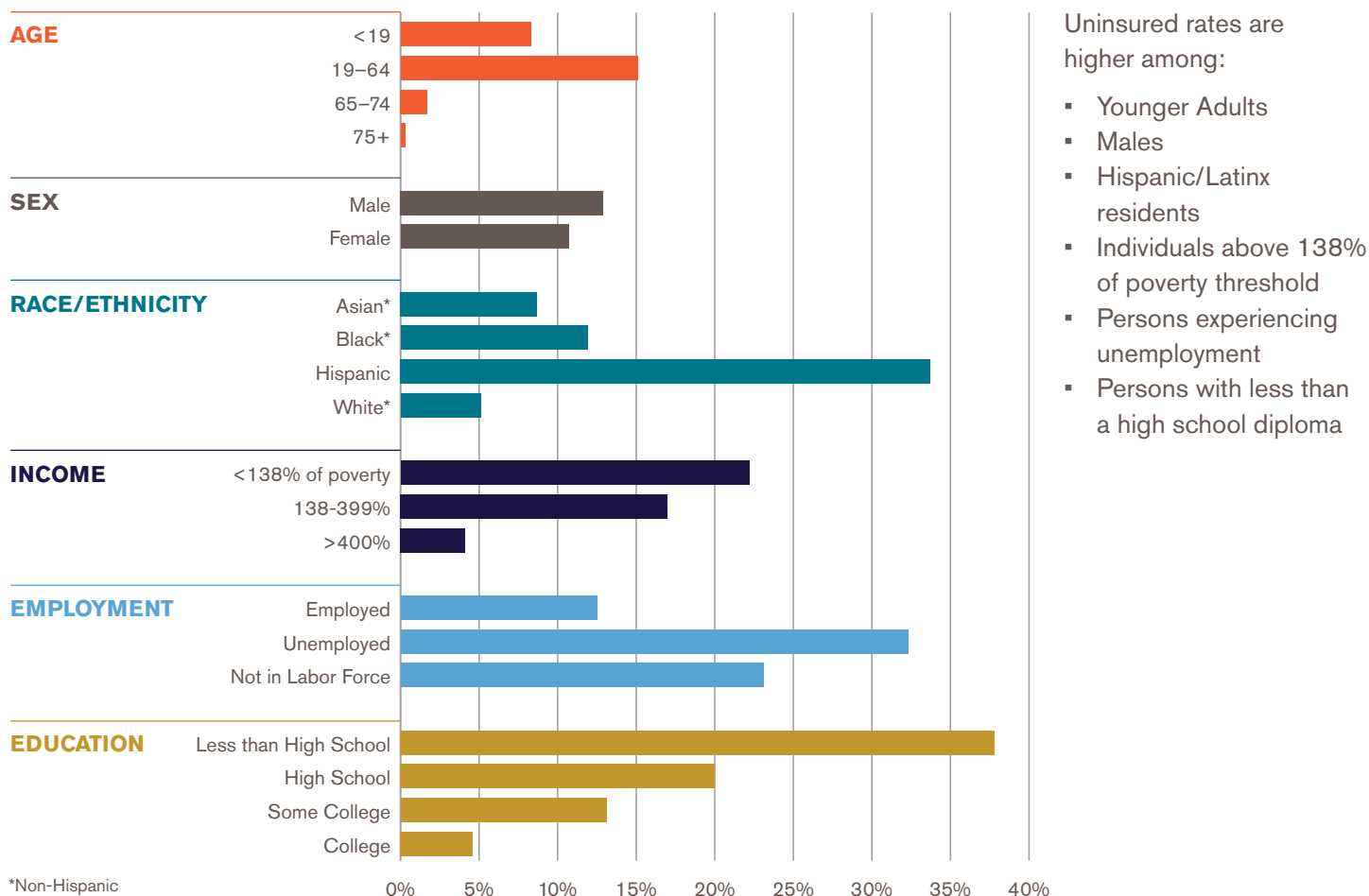
### Uninsured Children and Adults, 2017-2021

Source: US Census, American Community Survey



## Uninsured Rates by Population Groups, 2021

Source: US Census, American Community Survey



## ACCESS TO PRIMARY CARE AND COST OF CARE

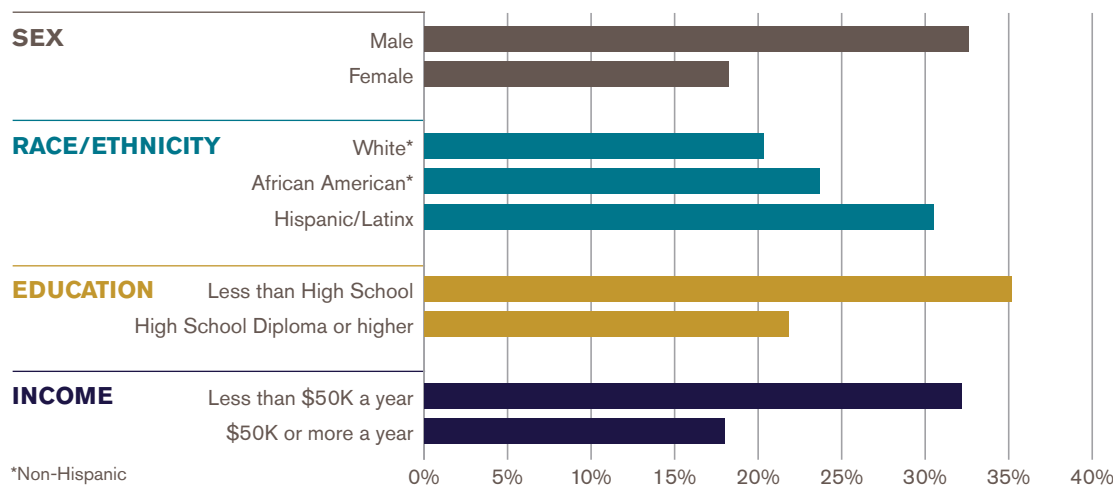
Access to primary care improves early disease detection and treatment, leading to better health outcomes. However, many groups face barriers that decrease access to services increasing their risk for poor health outcomes.<sup>23</sup>

In 2021, nearly 12% of adults reported not accessing care due to cost, a decline from previous years most likely due to medical care avoidance during the COVID-19 pandemic. By 2022, the estimate of adults delaying care due to cost, a decline from previous years most likely due to medical care avoidance during the COVID-19 pandemic.

By 2022, the estimate of adults delaying care increased to 16.4% similar to pre-COVID levels. On average, 1 in 4 adult residents reported not having a regular source of care (primary care provider) in 2022.

## Adults Without Primary Care Provider by Demographics, 2022

Source: Mecklenburg, BRFSS



Among adults reporting not having a primary care provider, rates were higher among:

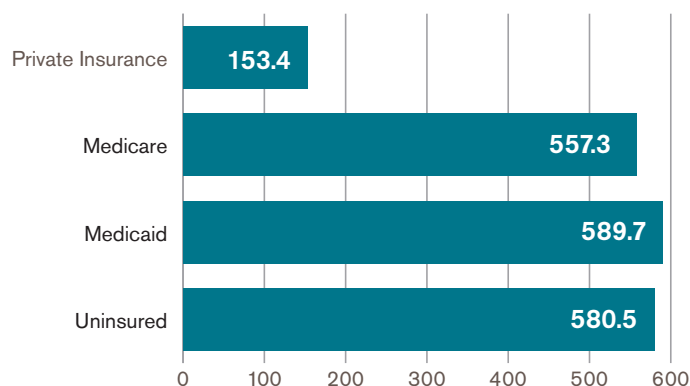
- Males
- Hispanic/Latinx residents
- Persons with less than a high school diploma
- Persons making less than \$50,000 annually

Overuse of emergency department (ED) visits for non-urgent conditions can indicate challenges with access to care in other settings or an inability to pay for primary care.

In 2021, ED visit rates were nearly four times higher among the uninsured (580.5 per 1,000) compared to private insurance holders (153.4 per 1,000). Persons insured by Medicare are mainly 65 years or older, a population that tends to have higher ED utilization rates. High utilization rates among Medicaid patients may indicate difficulty getting timely primary care or issues accessing care during traditional business hours.<sup>24</sup>

## Rate per 1,000 of ED visits by Expected Source of Pay, 2021

Source: NC DETECT, date pulled: March 2023







# Chronic Disease Prevention

Nationally and locally, chronic conditions, such as heart disease, cancer, and stroke, are leading causes of premature death and disability.

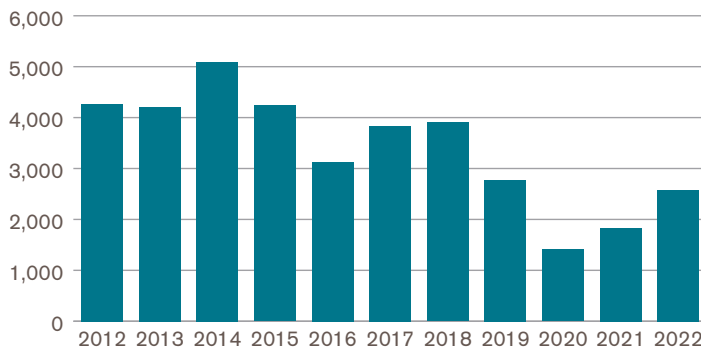
The Centers for Disease Control (CDC) estimates that 6 in 10 adults in the Nation have at least one chronic disease and 4 in 10 suffer from two or more. In Mecklenburg, chronic conditions accounted for over 50% of deaths in 2021.<sup>25</sup>

The positive news is that choosing healthy behaviors may help prevent, delay onset, or reduce the effect of many chronic conditions. Healthy behaviors which can assist in maintaining a healthy weight, blood pressure, and cholesterol levels include engaging in regular physical activity, eating nutritious foods, and avoiding tobacco.

## CHILDHOOD ASTHMA EMERGENCY DEPARTMENT (ED) VISITS

### Asthma ED Visits in Children Ages 0-17 years, 2012-2022

Source: NC DETECT, data pulled March 2023



The number of asthma-related emergency department visits among children dramatically declined in 2020, most likely due to COVID-19 mitigation measures (school closures, medical care avoidance, etc.).

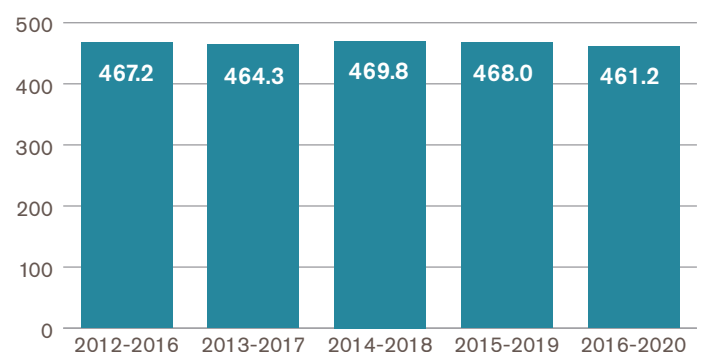
This is supported by increases in ED visits after the easing of mitigation measures during years 2021 and 2022.

## CANCER

Cancer is the 2nd leading cause of death for Mecklenburg residents, accounting for more than 1,300 deaths in 2021. Rates of new cancer diagnoses have remained stable over time.<sup>18</sup>

### Cancer Incidence Rates per 100,000, 2012- 2022

Source: US Census, American Community Survey



## CARDIOVASCULAR DISEASE

Nearly 61,000 adults, an estimated 7% of the population, reported having some form of cardiovascular disease (CVD) in 2022. In recent years, CVD prevalence has remained stable.

Approximately one-third of adults reported being diagnosed with high blood cholesterol, which can increase a person's risk for heart disease.

### Chronic Disease Summary Health Measures

Source: Mecklenburg, BRFSS

	BASELINE		
	Pre-Covid Estimate (2017–2018)	Post-Covid Estimate (2020–2021)	Change in Recent Years
Asthma-related ED visits, (<18) <sup>24</sup>	3,837	2,579	Improving
Cancer Incidence, (per 100,000) <sup>25</sup>	464.3	461.2	Stable
Cardiovascular Disease Prevalence, (>18) <sup>24</sup>	6.9%	7.1%	Stable
Diabetes Prevalence, (>18) <sup>24</sup>	8.3%	11.7%	Worsening
High Cholesterol, (>18) <sup>24</sup>	29.1%	32.8%	Stable
Hypertension, (>18) <sup>24</sup>	27.9%	34.8%	Worsening
Smoking, (>18) <sup>24</sup>	13.9%	10.4%	Improving

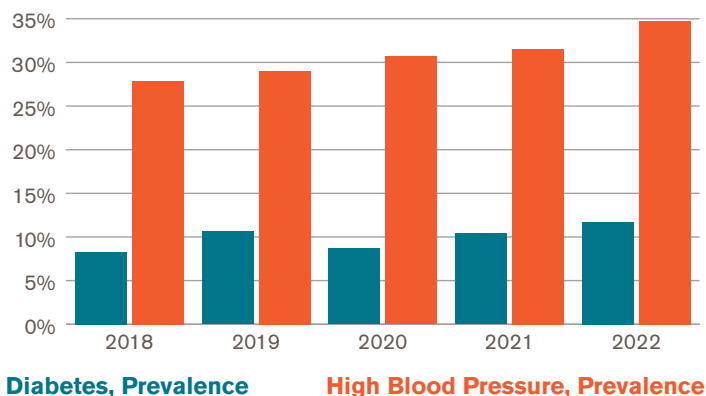
## DIABETES

Diabetes is the county's 7th leading cause of death, accounting for over 200 deaths during 2021. Individuals with diabetes are at increased risk for high blood pressure or hypertension.

Nearly 12%, or 101,300 residents, reported having diabetes in 2022. Approximately 35% of adults reported elevated blood pressure during 2022. Hypertension rates in adults have increased over time.

### Prevalence of Adult Hypertension and Diabetes, 2018 - 2022

Source: Mecklenburg BRFSS

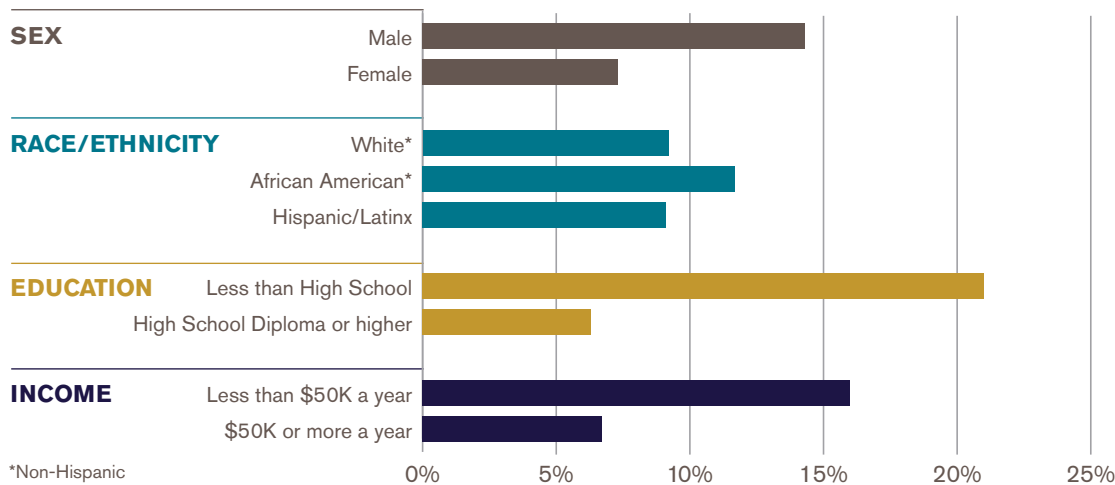


## ADULT CIGARETTE SMOKING

### Adult Cigarette Smoking Prevalence, 2018 -2022

Source: Mecklenburg BRFSS

Cigarette smoking is the leading cause of preventable death in the Nation.<sup>26</sup> Smoking increases the risk for cancer, heart disease, stroke, and COPD. In 2022, 10% of Mecklenburg adults reported current cigarette smoking. Current smoking rates have declined over time.



## OBESITY RATES AMONG ADULTS

The prevalence of obesity among adults has increased in recent years. In 2022, obesity rates were higher among females (40%) than males (28%) and among Non-Hispanic African American (42%) and Hispanic/Latinx residents (34%) than Non-Hispanic Whites (32%).

## PHYSICAL INACTIVITY

Physical inactivity has declined over time, with 18% of residents reporting no physical activity during 2022. Rates of physical inactivity were highest among persons with low educational attainment (31%) compared to residents with higher educational attainment (13%).



# Mental Health

Mental health includes an individual's emotional, psychological, and social well-being. At every stage of life, from childhood through adulthood, mental health plays an important role in our overall health.

The prevalence of mental health illness in the United States is high, affecting tens of millions of Americans each year. Nearly half of Americans will be diagnosed with a mental health disorder during their life.<sup>27</sup> These numbers were exacerbated during the COVID-19 pandemic as people struggled to deal with anxiety, depression, social isolation, and loss of loved ones.

Although a range of treatments exist for most mental disorders, nearly half of all Americans who have a severe mental illness do not seek treatment. Stigma and cost are two of the major barriers to care.<sup>27</sup>

## BASELINE

Mental Health Summary Health Measures	Pre-Covid Estimate (2017–2018)	Post-Covid Estimate (2020–2021)	Change in Recent Years
ED Visits for Suicide Attempts, Children less than 18 years (per 100,000) <sup>24</sup>	104.3	213.5	Worsening
Mental Health Days “Not Good” for 8 or more days, (>18) <sup>9</sup>	15.4%	19.4%	Worsening
Prevalence of Depression in Adults, (<18) <sup>9</sup>	19.2%	23.9%	Worsening
Suicide Death Rate (per 100,000) <sup>4,25</sup>	10.8	11.3	Stable

## EMERGENCY DEPARTMENT VISITS FOR SUSPECTED SUICIDE ATTEMPTS

ED visits for suspected suicide attempts began to increase during the COVID-19 pandemic, particularly among children less than 18 years.<sup>28</sup>

The number of ED visits for suspected suicide attempts in children less than 18 years increased by 20% between 2019 and 2021 with corresponding rates increasing from 115.4 per 100,000 to 139.6 per 100,000. Based on preliminary data, rates increased again in year 2022.<sup>24</sup>

## ADULT MENTAL HEALTH DAYS AND DEPRESSION

Residents reporting 8 or more days of mentally unhealthy days in a month may be at risk for undiagnosed mental health conditions, such as anxiety and depression.<sup>29</sup> Research points to a link between persons experiencing mental stress and increased risk for cardiovascular events, such as heart attacks.<sup>30</sup>

Nearly 1 in 5 adults aged 18 or older reported experiencing poor mental health for 8 or more days over a period of a month. Nearly 25% of adults reported receiving a diagnosis for depression. These rates have been stable over time, with a slight increase noted during 2022.<sup>9</sup>

## SUICIDES

Suicide rates in Mecklenburg are lower than those of North Carolina. Suicides in the county have remained fairly stable over time. However, preliminary data for year 2021 indicates a slight increase.

Suicide death rates are three times higher among males compared to females. White Non-Hispanic residents have higher rates than all other racial/ethnic groups.<sup>18</sup>



# Violence Prevention

Violence is a serious problem affecting all age ranges, and types of people causing death, injury, disability, and emotional health problems that devastate our community. Across the nation, US cities and towns are witnessing increases in violent acts, particularly those perpetuated by firearms.

Nationally, 79% of all homicides involved firearms (2020) resulting in a 35% increase of firearm homicide rates over the prior year<sup>31</sup>. The National Institute of Justice documented a 15.2% increase in homicides for cities with 250,000 or more residents<sup>32</sup>. These reports represent some of the highest numbers recorded in well over 25 years.

There is an urgent need to address this problem in our community. However, to do so will require a comprehensive approach to accurately describe the problem, identify root causes, and develop community-supported prevention strategies that decrease risk factors of violence while increasing protective factors.

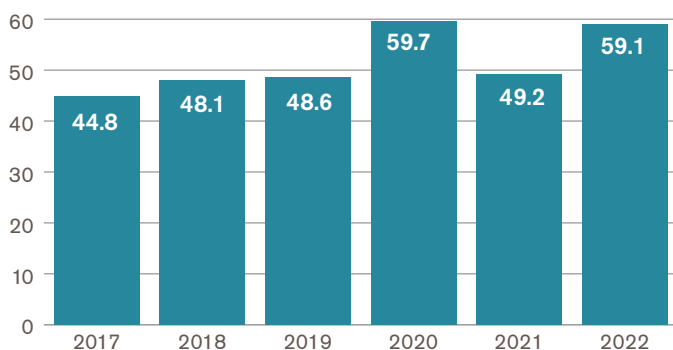
Violence Prevention Summary Health Measures	BASELINE		
	Pre-Covid Estimate (2017–2018)	Post-Covid Estimate (2020–2021)	Change in Recent Years
ED Visits for Firearms and Gun Shot Wounds (per 100,000) <sup>24</sup>	44.8	59.1	Worsening
Violent Crime Offenses in Charlotte <sup>33</sup>	6,326	7,043	Improving*
Homicides (per 100,000) <sup>4, 25</sup>	7.7	10.2	Worsening

\*Based on reduction in violent crime within past two years and 1st quarter 2023 data

## EMERGENCY DEPARTMENT VISITS DUE TO FIREARMS

### ED Visits per 100,000 for Firearm Injuries, 2017-2022

Source: NC DETECT, date pulled: March 2023



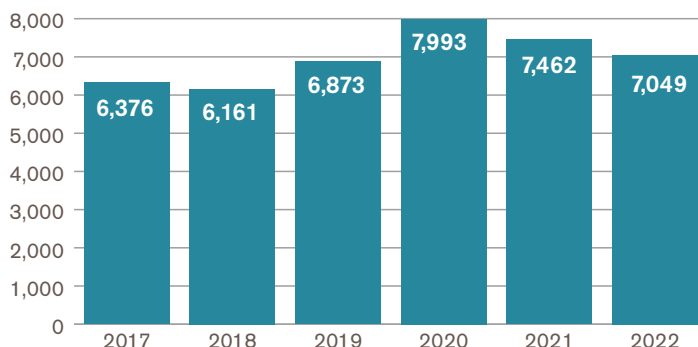
Firearm injuries are a serious public health issue. Between 2016 and 2020, nearly 400 firearm deaths occurred in the county. However, more people suffer injuries from firearms than die. The rate of ED visits due to firearms was 59.1 per 100,000 in 2022 approximately 32% higher than that of 2017 (44.8 per 100,000). Males represent the majority of firearm-related ED visits, accounting for 82% of visits during 2022.

## VIOLENT CRIME OFFENSES, CHARLOTTE NC

While community violence occurs throughout the county, violent crimes, such as homicides, are disproportionately concentrated in Charlotte. Between 2019 and 2020, violent crime offenses increased by 16% in the city. Violent crimes, while still higher than reports pre-COVID, have declined in 2021 and 2022.

### Number of Violent Crime Offenses in Charlotte, 2017-2022

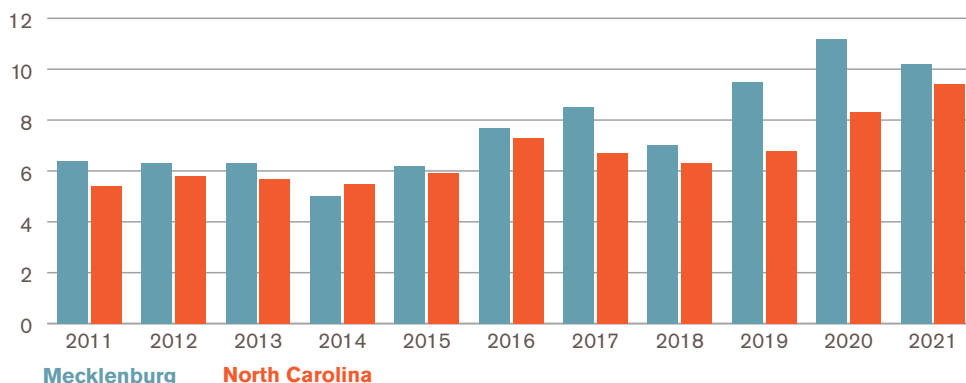
Source: CMPD Crime Statistics, date pulled: March 2023



## HOMICIDES

### Homicide Rates per 100,000, 2011-2021

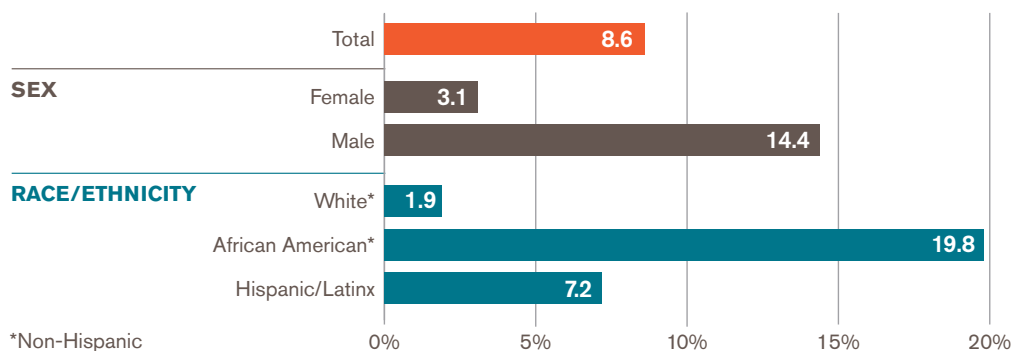
Source: NC DHHS, SCHS



Homicide rates in Mecklenburg increased dramatically between 2015 and 2020, from 6.2 per 100,000 to 11.2. Preliminary estimates for 2021 are slightly lower than the previous year but are still elevated.

### Age-Adjusted Homicide Rates per 100,000 by Demographics, 2016-2020

Source: NC DHHS, SCHS



Between 2016 and 2020, homicide rates were nearly five times higher for male residents than for females. Homicides were ten times higher for Non-Hispanic African Americans compared to Non-Hispanic White residents.<sup>18</sup>



An aerial photograph of a city, likely Mecklenburg County, North Carolina, showing a mix of urban buildings and dense green trees. The entire image is overlaid with a semi-transparent teal color. The text 'Next Steps:' is positioned in the lower-left quadrant of the image.

Next Steps:

# Our Future

Findings from the CHA are used by multiple entities as a reference for education, awareness, advocacy, funding, program development, and strategic planning, to address identified priority issues.

The next step in this CHA process is the development of Community Health Improvement Plans (CHIPs) to address the identified top priority issues. The 2023 Mecklenburg County CHIP process begins with *Meck Design* in June, an interactive day of learning, sharing, and planning to strengthen partnerships and enhance local synergy surrounding community health improvement goals. Completed plans will be ready for implementation in September 2023.

A connected Mecklenburg County is a healthy Mecklenburg County. Building on existing assets such as reports, plans, and partnerships, *Meck Design* extends collaboration and coordination to address the four CHA priorities using the collective impact framework.

Collective impact describes a framework in which community members, organizations, and institutions aim to advance equity by learning together, aligning, and integrating actions to achieve population and systems-level change through five conditions.



The following assets will be considered in the community health improvement planning process:

### Existing Plans and Reports

Existing plans and reports offer additional context and insights into priority issues. The following plans and reports provide a foundational framework for joint community health improvement planning efforts.

- The Way Forward, Community Violence Prevention Plan
- Mecklenburg County Access to Care Report
- Mecklenburg County Chronic Disease Prevention Plan
- Mecklenburg County Behavioral Health Plan

An expansive system of local partners works to eliminate health inequities outlined in the CHA. The following list is not exhaustive but emphasizes partners funded through core county initiatives. A complete listing of all described partners can be found in Appendix: Mecklenburg County Partner Asset Inventory.

### American Rescue Act Plan Investments

The Mecklenburg Board of County Commissioners approved funding for local projects with funding from the American Rescue Plan Act of 2021 (ARPA) directly aligned with CHA priorities and social determinants of health. This funding expands the capacity and reach of existing local community-based organizations. An overview of funded projects is described below.

- Affordable Housing and Homelessness: \$39.3 million for 20 projects to address gentrification, senior housing, and workforce housing.
- Behavioral Health and Health Equity: \$34.2 million for 27 projects to provide food support services, medical and mental health services, and adolescent psychiatric care.
- Childcare and Early Childhood Development: \$7 million for 11 projects to expand access to childcare, after-school care, and summer camp programs.
- Parks, Environment, and Infrastructure: \$7.7 million for 4 projects to enhance land and water quality, improve existing air quality, and create accessible playgrounds.
- Workforce and Economic Development: \$11 million for 13 projects to increase access to training and employment opportunities, vocational readiness, and mentoring programs for young adults.

## Community Service Grants

Mecklenburg County partners with local nonprofit organizations to help meet critical needs in the community through Community Service Grants. One-year awards are provided to nonprofit agencies based on four goal areas:

1) Connected Community, 2) Economic Opportunities, 3) Healthy Community, and 4 ) Safe Community. Eight initiatives were funded in fiscal year 2023.

## Mecklenburg County Public Health, Health Disparities Funding

- Care Ring was funded to implement A Guided Journey a Community Health Worker Program developed by Mecklenburg County Public Health to address maternal child health disparities.
- Eight organizations including federally qualified community health centers and charitable clinics were funded to expand access to care for uninsured and underinsured Mecklenburg County residents.

## Mecklenburg County Office of Health Equity Grant Programs

The Mecklenburg County Public Health Office of Health Equity provides two community mini-grant funds for chronic disease prevention to support high-risk populations.

- The Village HeartBEAT Hub funds 15 Mecklenburg County faith-based institutions to implement chronic disease prevention programming to support their constituents and community.
- The Grassroots Grant funds 19 community-based organizations delivering wide-ranging chronic disease prevention initiatives from tobacco cessation courses to physical education classes and resources to historically marginalized groups.

## Participatory Budget Fund

Lastly, Mecklenburg County Public Health oversees five newly launched food security initiatives through the Mecklenburg County Board of County Commissioners' participatory budget process. The process engages residents to identify funding priorities to address issues of top concern within each Board of County Commissioner's district.

In closing, the community health improvement planning process aims to build upon the described assets to finalize a three-year action plan. Shared population health indicators and other outcome metrics will be identified to benchmark and measure progress.

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## APPENDIX: Technical Notes

### Mecklenburg County Summary Health Indicators

- **Mortality Data:** Year 2021 mortality data in this section are provisional and may not match death counts in other sources. Provisional data are based on available records that meet certain data quality criteria at the time of analysis and may not include all deaths that occurred during a given time, especially for more recent periods. Therefore, they should not be considered comparable with final data and are subject to change.
- **Health Behaviors, Health Outcomes and Preventive Screenings Estimates:** Health behaviors and preventive screening estimates are from the Mecklenburg County Local BRFSS or NC DHHS BRFSS data. These data are not directly comparable to CDC PLACES estimates featured in the Municipality Profiles.

### City and Municipality Population Health Data

- **Mortality Data:** For most municipalities, cause-specific deaths (i.e., infant deaths, COVID-19, etc.) and premature deaths are relatively rare events. Areas with smaller populations can see a lot of change in their rates from year to year. Additionally small death counts can result in relatively unstable rates, making it more difficult to detect changes in small areas. To account for these challenges, rates were calculated using multiple years of data and population estimates from US Census (American Community Survey).
- **Age Distribution and Crude Death Rates:** Due to small population sizes, crude death rates were analyzed for each municipality. Caution should be used in comparing data across municipalities as death rates are greatly influenced by the age distribution of populations. In example, municipalities with more Seniors tend to have higher overall death rates as well as more deaths due to chronic conditions. Conversely, municipalities that are younger in age may have higher death counts due to injuries or motor vehicle crashes.

### Mecklenburg Peer City/County Comparisons

- **Peer County Comparisons:** Mecklenburg peers are from the Robert Wood Johnson County Health Rankings peer county comparison feature. Peer Counties are similar to Mecklenburg based on key demographic, social and economic indicators.
- **County Health Rankings:** Apart from a few metrics, 2022 County Health Rankings data were used for peer county comparisons. County Health Rankings methods of data collection, analysis and subsequent data sources vary from those used throughout this report. Therefore, information from this table may not be directly comparable with other data in this report.
- **COVID-19 Deaths:** According to data from the Centers for Disease Control, older people, particularly those 65 years and older, are at highest risk for hospitalizations and Covid-related deaths. Therefore, municipalities with more Seniors or those with Nursing Homes, Assisted Living facilities or other congregate living facilities may have higher COVID-19 death rates. It is also important to note that some deaths due to COVID-19 may be assigned to other causes of deaths (for example, if COVID-19 was not diagnosed or not mentioned on the death certificate) leading to undercounts for mortality estimates in some areas.
- **Health Behaviors, Health Outcomes and Preventive Screenings Estimates:** Health behaviors and preventive screening data are from Centers for Disease Control (CDC) PLACES, which utilizes a multilevel statistical modeling framework for small area estimates. While this process is based on CDC's Behavior Risk Factor Surveillance System (BRFSS), differences in methodology prevent direct comparisons with Mecklenburg County Local BRFSS or NC DHHS BRFSS data. Municipality profiles include CDC Places county-level data which should not be compared with other BRFSS data sources featured in this report.



## APPENDIX: Summary Community Health Indicator Definitions

<b>Premature Death</b>	Number of deaths among residents under the age of 75 per 100,000.
<b>Life Expectancy</b>	Average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population.
<b>Infant Mortality</b>	Number of all infant deaths (within 1 year), per 1,000 live births
<b>Child Mortality</b>	Number of deaths among children (under age 18) per 100,000 population
<b>Poor Physical Health Days</b>	Average number of physically unhealthy days reported in past 30 days
<b>Poor Physical Health Days, &gt;=14 days</b>	Percent of physically unhealthy days for 14 or more days in past 30 days
<b>Poor Mental Health Days</b>	Average number of mentally unhealthy days reported in past 30 days
<b>Depressive Disorder</b>	Percentage of Adults reporting being told by a doctor they have depression
<b>Diabetes Prevalence</b>	Percentage of adults 18 and above with diagnosed diabetes
<b>HIV Prevalence</b>	Number of people aged 13 years and older living with a diagnosis of HIV infection per 100,000
<b>All Cause Death rate</b>	Number of deaths among residents per 100,000.
<b>Heart Disease</b>	Number of deaths among residents due to heart disease per 100,000.
<b>Cancer-Related</b>	Number of deaths among residents due to Cancer per 100,000.
<b>Diabetes</b>	Number of deaths among residents due to Diabetes per 100,000.
<b>COVID-19</b>	Number of deaths among residents due to Covid-19 per 100,000.
<b>Adult Smoking</b>	Percentage of adults 18+ who are current smokers
<b>Adult Obesity</b>	Percentage of adults 18+ that reports a BMI greater than or equal to 30 kg/m <sup>2</sup> .
<b>Adult Physical Inactivity</b>	Percentage of adults 18+ reporting no leisure time physical activity
<b>Binge Drinking</b>	Percentage of adults 18+ reporting binge drinking
<b>Sexually Transmitted Infections</b>	Number of newly diagnosed chlamydia cases per 100,000 population.
<b>Teen Births</b>	Number of births per 1,000 female population ages 15-19
<b>Adults 19- 64 without health insurance</b>	Percentage of residents 19 - 64 uninsured
<b>Children &lt;19 without health insurance</b>	Percentage of residents <19 uninsured
<b>Primary Care Provider</b>	Ratio of population to primary care physicians
<b>Dentist</b>	Ratio of population to dentists.
<b>Mental Health Provider</b>	Ratio of population to mental health providers

<b>Mammogram screenings</b>	Percentage of females ages 50 -74 years with breast cancer screening using mammography
<b>Colorectal screenings</b>	Prevalence of colorectal cancer screening among adults aged 50-75 years
<b>Flu vaccinations</b>	Percentage of adults that had an annual flu vaccination
<b>Percent in Poverty</b>	Percent of residents in poverty
<b>Social Vulnerability Index</b>	Measurement of social vulnerability. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).
<b>Severe Housing Cost</b>	Percentage of households that spend 50% or more of their household income on housing
<b>Cohort Graduation Rate</b>	4 year cohort graduation rate
<b>Unemployment</b>	Percent of residents who are unemployed
<b>Speaks English less than “very well”</b>	Percent of residents who speak English less than “very well”
<b>Internet Availability</b>	% of Households without access to internet
<b>Lack of Transportation</b>	% of Households without transportation
<b>Food Environment Index</b>	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)
<b>Homicides</b>	Number of resident homicide deaths per 100,000 population
<b>Suicides</b>	Number of resident suicides per 100,000 population
<b>Firearm Fatalities</b>	Number of resident deaths due to firearm per 100,000 population
<b>Motor Vehicle Crashes</b>	Number of deaths due to motor vehicle crashes among residents per 100,000 (including driver, passenger or pedestrian deaths involving motor vehicle crashes)
<b>Drug Overdose Fatalities</b>	Number of resident deaths due to drug overdose per 100,000 population

# APPENDIX: 2022 Mecklenburg County Community Health Opinion Survey

Mecklenburg County Public Health developed this survey to give county residents a chance to voice their opinions about health issues in their community. Information gathered from the survey will be used to learn more about health needs in the county.

This survey is brief and should take 5 minutes or less to complete.

This survey is confidential and you will not be identified with the information you give. All responses will be combined and analyzed as a group.

Participation in this survey is completely voluntary. If you have any questions about this survey, please call Brittany Reynolds at 704-301-6859.

Thank you for your time.

## In which town/city do you live?

- ☐ Charlotte
- ☐ Cornelius
- ☐ Davidson
- ☐ Huntersville
- ☐ Matthews
- ☐ Mint Hill
- ☐ Pineville
- ☐ I do not live in Mecklenburg County

When you read these statements, think about the neighborhood or part of town where you live. How much do you agree or disagree with the statement?

### 1. My community has good health care.

Consider the cost, quality, number of options, and availability of healthcare where you live.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

### 2. My community is a good place to raise children.

Consider the accessibility, quality and safety of schools, childcare programs, after school programs, and places to play where you live.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

### 3. My community is a good place to grow old.

Consider elder-friendly housing, transportation to medical services, recreation, and services for the elderly where you live.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

#### 4. My community offers economic opportunity.

Consider the number and quality of jobs that offer a living wage, job training/higher education opportunities, and availability of affordable housing where you live.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

#### 5. My community is a safe place to live.

Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers where you live, work and play.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

#### 6. My community provides help for people during times of need.

Consider supports like neighbors, faith communities, food pantries, temporary housing, and financial assistance programs where you live.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

### Open Ended Questions

7. What issues have the greatest effect on quality of life for your community?

8. What are the most important health issues in your community?

9. When thinking about your health, what challenges do you face in getting care?

10. The following are issues that can impact quality of life for many communities. When thinking about where you live, please choose the **FOUR (4)** areas you think need the most attention.

- o **Financial Security/Economics:** more jobs with better pay, work programs, career counseling, high-quality childcare, etc.
- o **Transportation:** better public transportation and more routes, access to reliable transportation, safe roads, etc.
- o **Safe and Affordable housing:** affordable and quality houses/apartments; homes free of mold, lead, asbestos, and other harmful substances.
- o **Education/Schools:** better schools, better school choices, programs to help children and adolescents do well in school, improved graduation rates, etc.
- o **Affordable Health Insurance:** affordable health insurance with lower copays.
- o **Safe Neighborhoods:** neighborhoods with low crime, sidewalks and bike lanes in good repair, communities with access to clean air and water, safe places for children to play, etc.
- o **Affordable and Healthy Food Choices:** more access to healthy and affordable food choices.
- o **Urban Planning:** fair treatment and involvement of all people in city/neighborhood planning.
- o **Green Spaces:** parks, playgrounds, greenways and other spaces to promote mental, physical and environmental health

**11. The following are health issues facing all communities. When thinking about where you live, please choose the FOUR (4) areas you think need the most attention.**

- ☐ **Injury Prevention:** Car crashes, traumatic brain injuries, drownings, etc.
- ☐ **HIV & STD Prevention:** Testing and treatment for HIV, chlamydia, gonorrhea, syphilis, other STDs, etc.
- ☐ **Healthy Pregnancy:** Affordable birth control, prenatal care, low birth weight, prematurity, infant mortality, etc.
- ☐ **Healthy Environment:** Clean air, land, water, etc.
- ☐ **Substance Use Disorder:** Alcohol, opioids, prescription drugs, other drugs, etc.
- ☐ **Violence Prevention:** Bullying, domestic violence, child abuse, assault, murder, etc.
- ☐ **Access to Care:** Affordable care, flexible hours, specialty services like dentistry, vision, hearing, etc.
- ☐ **Mental Health:** Anxiety, depression, suicide, bi-polar disease, etc.
- ☐ **Chronic Diseases Prevention through Healthy Choices:** Healthy eating, physical activity, not smoking, etc.
- ☐ **Emerging and Re-emerging Infectious Disease:** Hepatitis A, Syphilis, West Nile, Covid-19, etc.

## Demographics

**12. What is your age?**

- |                                   |                                |
|-----------------------------------|--------------------------------|
| <input type="radio"/> 1. Under 18 | <input type="radio"/> 4. 45-64 |
| <input type="radio"/> 2. 18-24    | <input type="radio"/> 5. 65-84 |
| <input type="radio"/> 3. 25-44    | <input type="radio"/> 6. 85+   |

**13. What gender do you identify with?**

- ☐ 1. Male
- ☐ 2. Female
- ☐ 3. Other, please specify \_\_\_\_\_

**14. Which of these groups best represents your race?**

- ☐ 1. White
- ☐ 2. Black/African American
- ☐ 3. American Indian/Alaska Native
- ☐ 4. Asian
- ☐ 5. Native Hawaiian/Pacific Islander
- ☐ 6. Other race
- ☐ 7. 2 or more races

**15. Are you of Hispanic/Latino origin?**

- ☐ 1. Yes
- ☐ 2. No

**16. What is your home zip code? \_\_\_\_\_**

**17. What was your household income last year?**

- ☐ 1. \$0-\$19,999
- ☐ 2. \$20,000-\$29,999
- ☐ 3. \$30,000-\$44,999
- ☐ 4. \$45,000-\$64,999
- ☐ 5. \$65,000-\$90,000
- ☐ 6. More than \$90,000

**18. What is the highest level of education you have completed?**

- ☐ 1. 12th grade or less, no diploma
- ☐ 2. High school graduate or GED
- ☐ 3. Some college, but no degree
- ☐ 4. Trade school or vocational training
- ☐ 5. Associate degree
- ☐ 6. Bachelor's degree
- ☐ 7. Advanced college degree beyond bachelor's degree

**19. Which of the following best describes your current status?**

- ☐ 1. Employed full time
- ☐ 2. Employed part time
- ☐ 3. Unemployed
- ☐ 4. Caregiver / Homemaker
- ☐ 5. A Student
- ☐ 6. Retired
- ☐ 7. Unable to work

**20. How would you describe your current health insurance coverage?**

- ☐ 1. I have insurance and care is usually affordable
- ☐ 2. I have insurance, but it is usually too expensive to get care when I need it
- ☐ 3. I am NOT covered by any health insurance or health plan
- ☐ 4. Don't know /



## APPENDIX: Mecklenburg County Healthcare Facilities by Type

### Ambulatory Surgical Centers

Name	Municipality
Atrium Health Endoscopy Center Ballantyne	Charlotte
Atrium Health Endoscopy Center Kenilworth	Charlotte
Carolina Center for Specialty Surgery	Charlotte
Carolina Digestive Endoscopy Center	Charlotte
Carolina Endoscopy Center-Pineville	Charlotte
Carolina Endoscopy Center-University	Charlotte
Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Charlotte
Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Charlotte
Charlotte Surgery Center - Museum Campus	Charlotte
Charlotte Surgery Center-Wendover Campus	Charlotte
Mallard Creek Surgery Center	Charlotte
Metrolina Vascular Access Care, LLC	Charlotte
Novant Health Ballantyne Outpatient Surgery	Charlotte
SouthPark Surgery Center, LLC	Charlotte
Tryon Endoscopy Center	Charlotte
Valleygate Dental Surgery Center Charlotte, LLC	Charlotte
Carolina Endoscopy Center-Huntersville	Huntersville
Endoscopy Center of Lake Norman	Huntersville
Novant Health Huntersville Outpatient Surgery	Huntersville
Matthews Surgery Center	Matthews

### Assisted Living

Facility	Municipality
Brighton Gardens of Charlotte	Charlotte
Brookdale Carriage Club Providence I	Charlotte
Brookdale Carriage Club Providence II	Charlotte
Brookdale Charlotte East	Charlotte
Brookdale South Charlotte	Charlotte
Brookdale South Park	Charlotte
Carmel Hills	Charlotte

### Assisted Living

Facility	Municipality
Charter Senior Living of Charlotte	Charlotte
Cuthbertson Village at Aldersgate	Charlotte
East Towne	Charlotte
Legacy Heights Senior Living Community	Charlotte
MerryWood on Park	Charlotte
Mint Hill Senior Living	Charlotte
Northlake House	Charlotte
Parker Terrace	Charlotte
Preston House	Charlotte
Queen City Assisted Living	Charlotte
Summit Place of Southpark	Charlotte
Sunrise on Providence	Charlotte
TerraBella Little Avenue	Charlotte
The Charlotte Assisted Living	Charlotte
The Haven in Highland Creek	Charlotte
The Laurels in Highland Creek	Charlotte
The Little Flower Assisted Living	Charlotte
The Parc at Sharon Amity	Charlotte
The Pines On Carmel Senior Living	Charlotte
The Terrace at Brightmore of South Charlotte	Charlotte
Waltonwood at Providence	Charlotte
Waltonwood Cotswold	Charlotte
Wickshire Steele Creek	Charlotte
Willow Ridge Assisted Living	Charlotte
Arbor Ridge at Huntersville	Huntersville
Cadence Huntersville	Huntersville
Hunter Village	Huntersville
Brookdale Weddington Park	Matthews
Cadence Senior Living at Mint Hill	Matthews
Oakbridge Terrace @ Matthews Glen	Matthews
The Haven in the Village at Carolina Place	Pineville
The Laurels in the Village at Carolina Place	Pineville

### Cardiac Rehabilitation Centers

Facility	Municipality
Atrium Health Cardiac & Pulmonary Rehabilitation	Charlotte
Novant Health Presbyterian Hosp Cardio-Pulmonary Rehab	Charlotte
Atrium Health Pineville Cardiac & Pulmonary Rehab.	Charlotte
Novant Health Wellness Center at Huntersville	Huntersville
Novant Health Wellness Center at Matthews	Matthews

### Family Care Homes

Facility	Municipality
Blissful Living Senior Care	Charlotte
Etta Love Family Care Home	Charlotte
Hamilton Family Care Home	Charlotte
House of Peace Family Care Home	Charlotte
McClain's Family Care Home #1	Charlotte
S & T Senior Care Lakeside	Charlotte
S & T Senior Care Wessex Square	Charlotte
Sanctuary at Stonehaven 3	Charlotte
Sanctuary at Stonehaven 4	Charlotte
Senior Retreat at Park Crossing	Charlotte
Senior Retreat at Stonehaven	Charlotte
Shady Harbour Adult Living	Charlotte
The Post at Mint Hill 1	Charlotte
The Post at Mint Hill 2	Charlotte
The Post at Providence	Charlotte
The Sanctuary at Stonehaven	Charlotte
The Sanctuary at Stonehaven 2	Charlotte
True Care Rest Home	Charlotte
UP at City View	Charlotte
Peninsula Family Care Home	Cornelius
Joyful Senior Living	Huntersville
Special Touch Living	Huntersville
De Good Shephard Senior Living	Mint Hill
Farmwood Senior Living	Mint Hill
Revived Senior Living	Mint Hill
UP at 13931 Thompson	Mint Hill

### Hospice

Facility	Municipality
East Mecklenburg Inpatient Unit at Aldersgate	Charlotte
Hospice & Palliative Care Charlotte Region	Charlotte
Hospice & Palliative Care Charlotte Region	Charlotte
Levine & Dickson Hospice House at Southminster	Charlotte
Novant Health Hospice	Charlotte
Hospice & Palliative Care Lake Norman	Davidson
Levine & Dickson Hospice House	Huntersville

### Hospitals

Facility	Municipality
Atrium Health Pineville	Charlotte
Atrium Health University City	Charlotte
Carolinas ContinueCare Hospital at Pineville	Charlotte
Atrium Health Carolinas Medical Center	Charlotte
Atrium Health Carolinas Rehabilitation	Charlotte
Novant Health Huntersville Medical Center	Huntersville
Novant Health Matthews Medical Center	Matthews
Novant Health Mint Hill Medical Center	Charlotte
Novant Health Presbyterian Medical Center	Charlotte

## Mental Health

Facility	Municipality	Description
ARJ, LLC	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
After School Construction Zone	Charlotte	Day Treatment for children and adolescents with emotional or behavioral disturbances
Alexander Youth Network - Charlotte Day Treatment	Charlotte	Day Treatment for children and adolescents with emotional or behavioral disturbances
Alexander Youth Network - Dickson Unit	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Alexander Youth Network - Elm Unit	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Alexander Youth Network - Nisbet Unit	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Alexander Youth Network - Oak Unit	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Alexander Youth Network - PRTF	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Atrium Health Behavioral Health-Partial Hospitalization	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Atrium Health Behavioral Health-Partial Hospitalization	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Bonnie's Home for Youth	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Brite Horizon	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Carolina Family Alliance-Rise Program	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
Charlotte Arts	Charlotte	Day Activity for Individuals of all Disability Groups
Choosing Change Residential Services, LLC	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Collaborative Hope - Skyview	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Community Treatment Alternatives I	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Community Treatment Alternatives II	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Echelon 1	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Echelon 3	Charlotte	Residential Treatment Staff Secure for Children or Adolescents

## Mental Health

Name	Municipality	Description
Echelon 4	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Echelon 5	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Echelon Day Support	Charlotte	Day Treatment for children and adolescents with emotional or behavioral disturbances
Empowerment Quality Care Services	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
Family Preservation Services of NC-Carolina House	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
Farmingdale Home	Charlotte	Community Respite Services for Individuals of all Disability Groups (Day)
Farmingdale Home	Charlotte	Community Respite Services for Individuals of all Disability Groups (Residential)
Genesis Project	Charlotte	Day Activity for Individuals of all Disability Groups
Harmony Recovery Center	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Harris Home	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Heartspring	Charlotte	Day Activity for Individuals of all Disability Groups
High Focus Centers	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Highland Mist Home	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
HomeCare Day Activity	Charlotte	Day Activity for Individuals of all Disability Groups
HopeWay	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Idlewild Home	Charlotte	Residential Treatment Facilities For Children & Adolescents
Inner Vision	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
InReach-Clanton Road Day Supports	Charlotte	Day Activity for Individuals of all Disability Groups
Jasper's House Day Treatment	Charlotte	Day Treatment for children and adolescents with emotional or behavioral disturbances
Lifespan Graham	Charlotte	Day Activity for Individuals of all Disability Groups
Life-Way Homes, LLC	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Miracle House 1	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Miracle Houses-Kerrybrook Circle	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Miracle Houses-Monteith	Charlotte	Residential Treatment Staff Secure for Children or Adolescents

## Mental Health

Name	Municipality	Description
Miracle Houses-Swearingan	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Mr. Bill's Place	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
My Way Day Supports	Charlotte	Day Activity for Individuals of all Disability Groups
New Foundation	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
New Place	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
New Vision Home	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Pasadena Villa Outpatient Center-Charlotte	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
Polished Path Pattonsburg	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Quest Activity Center	Charlotte	Day Activity for Individuals of all Disability Groups
Recovery Works	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
Residential Adolescent Community Services, LLC	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Right Choices	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
S.T.E.P's Developmental Day Academy	Charlotte	Day Activity for Individuals of all Disability Groups
S.T.E.P's to Self-Determination	Charlotte	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness
SECU Youth Crisis Center, a Monarch Program	Charlotte	Facility Based Crisis Service for Individuals of all Disability Groups
Spruce Cottage	Charlotte	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
The Norland House	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
The Renfrew Center of North Carolina	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill
The Village House	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
The Workshop	Charlotte	Day Activity for Individuals of all Disability Groups
Transcending Heights, LLC	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Transitions Charlotte Day Program	Charlotte	Day Activity for Individuals of all Disability Groups
Unique Caring Adult Day Support Program	Charlotte	Day Activity for Individuals of all Disability Groups
Veritas Collaborative - Charlotte	Charlotte	Partial Hospitalization for Individuals who are acutely Mentally Ill

## Mental Health

Name	Municipality	Description
Water Mill Home	Charlotte	Residential Treatment Staff Secure for Children or Adolescents
Hinds' Feet Farm	Huntersville	Day Activity for Individuals of all Disability Groups
Alphin Cottage	Matthews	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Christ Church Cottage Thompson Child & Family Focus	Matthews	Intensive Residential Treatment for Children or Adolescents
Covenant's Dream Center III	Matthews	Day Activity for Individuals of all Disability Groups
Kenan Cottage Thompson Child & Family Focus	Matthews	Intensive Residential Treatment for Children or Adolescents
Merancas Cottage	Matthews	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Peace Cottage	Matthews	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Smith Cottage	Matthews	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
The Thrive Initiative	Matthews	Day Activity for Individuals of all Disability Groups
Transcend E.D.	Matthews	Partial Hospitalization for Individuals who are acutely Mentally Ill
Williamson Cottage-Thompson Child and Family Focus	Matthews	Intensive Residential Treatment for Children or Adolescents
Yorke Cottage	Matthews	PRTF-Psychiatric Residential Treatment Facility for children and adolescents
Turn Around	Mint Hill	Residential Treatment Staff Secure for Children or Adolescents



## Nursing Homes

Facility	Municipality
Accordius Health at Charlotte	Charlotte
Accordius Health at Midwood	Charlotte
Asbury Health and Rehabilitation Center	Charlotte
Briar Creek Health Center	Charlotte
Brookdale Carriage Club Providence	Charlotte
Charlotte Health & Rehabilitation Center	Charlotte
Hunter Woods Nursing and Rehabilitation Center	Charlotte
Mecklenburg Health & Rehabilitation	Charlotte
Pavilion Health Center at Brightmore	Charlotte
Peak Resources-Charlotte	Charlotte
Pelican Health at Charlotte	Charlotte
Pelican Health Randolph LLC	Charlotte
Sardis Oaks	Charlotte
Saturn Nursing and Rehabilitation Center	Charlotte
Sharon Towers	Charlotte
Southminster	Charlotte
The Citadel at Myers Park, LLC	Charlotte
The Stewart Health Center	Charlotte
University Place Nursing and Rehabilitation Center	Charlotte
White Oak Manor-Charlotte	Charlotte
Wilora Lake Healthcare Center	Charlotte
Autumn Care of Cornelius	Cornelius
The Pines at Davidson	Davidson
Huntersville Health & Rehabilitation Center	Huntersville
Huntersville Oaks	Huntersville
Lakeside Health & Rehab Center	Huntersville
WillowBrooke Court SC Ctr at Matthews Glen	Matthews
Matthews Health & Rehab Center	Matthews
Royal Park Rehabilitation & Health Center	Matthews
Windsor Run, LLC	Matthews
Clear Creek Nursing & Rehabilitation Center	Mint Hill
Pineville Rehabilitation and Living Center	Pineville

## APPENDIX: Mecklenburg County Partner Asset Inventory

### American Rescue Plan Investments

#### *Affordable Housing and Homelessness*

▪ CrossRoads Corp. for Affordable Housing & Comm. Dev. Inc.:	\$144,900
▪ Town of Davidson, Comprehensive Housing Affordability Program:	\$1,000,000
▪ Dominion, Creekridge on The Park:	\$5,000,000
▪ DreamKey Partners: Johnston Oehler Seniors:	\$2,750,000
▪ DreamKey Partners, Easter's Home at Caldwell:	\$2,500,000
▪ Habitat for Humanity of the Charlotte Region, Hope Springs Infrastructure:	\$1,737,249
▪ Laurel Street Residential, LLC, Mount Moriah Seniors:	\$6,000,000
▪ NHP Foundation, LaSalle at Lincoln Heights:	\$1,100,000
▪ Urban Trends Real Estate Inc., Lakeview Apartments:	\$1,600,000
▪ West Side CLT, West Side Community Land Trust:	\$650,000
▪ Department of Community Support Services, Coordinated Entry Expansion:	\$612,349
▪ Department of Criminal Justice Services, Vendor Housing Expansion:	\$1,458,287
▪ Freedom Fighting Missionaries Inc., Second Chance Homeless to Housing:	\$1,250,000
▪ Coalicion Latinoamericana, Multisector Response Network for Humanitarian Relief:	\$2,000,000
▪ County Manager's Office, West Charlotte Homes:	\$6,000,000
▪ Matthews Help Center:	\$350,000
▪ Salvation Army, Expansion of Center of Hope Shelter:	\$3,156,389
▪ Pineville Neighbors Place, Better at Home, Part 2:	\$2 300,000
▪ Roof Above, Expansion and Enhancement of Day Services Center:	\$710,000
▪ Veterans Bridge Home, Mecklenburg County American Rescue Plan Act — VBH Housing Sustainability Program:	\$1,013,200

## Behavioral Health and Health Equity

▪ Hope Haven Inc.: Increasing Access to Services for Substance Use Disorder for Underserved Populations .....	\$604,167
▪ HopeWay, Mental Health Equity: Providing Evidence Based Psychiatric Care in Community Clinics.....	\$800,000
▪ On Eagles Wings: OEW ARPA Safe House with comprehensive services .....	\$865,400
▪ Pat's Place Child Advocacy Center: Improving Outcomes for High-Risk Youth.....	\$437,865
▪ ProCure Therapeutic Agency, Inc.: Expanding Access to Community-Based Mental and Behavioral Health Services .....	\$1,500,000
▪ Safe House Project: Equitable Access to Services for Survivors of Human Trafficking .....	\$503,439
▪ Time Out Youth: Protecting the Mental Health of LGBTQ Youth in Mecklenburg County.....	\$315,000
▪ UMAR: Van Replacement.....	\$283,161
▪ Ada Jenkins Families and Careers Development Center: Sustaining a Healthy Lifestyle .....	\$363,746
▪ The Bulb Gallery: Promoting Equity in Locally Grown Foods.....	\$919,432
▪ Carolina Farm Trust: Local Foods Production and Distribution Center.....	\$3,000,000
▪ Hearts and Hands Food Pantry: Food Security Initiative .....	\$666,700
▪ LMC Children Services: Meals On-The-Go.....	\$423,294
▪ Loaves and Fishes: NourishMeck-A Hunger Hub for Hope.....	\$2,000,000
▪ County Manager's Office: West Blvd Food Cooperative.....	\$250,000
▪ Department of Social Services: Food Insecurity .....	\$989,000
▪ C. W. Williams Community Health Center, Inc. (CWWCHC).....	\$2,052,195
▪ Camino Community Development Corporation, Inc.: Access to Bilingual Dental Care.....	\$4,683,215
▪ Charlotte Community Health Clinic, Inc.....	\$3,810,415
▪ Charlotte Transgender Healthcare Group: Providing Access to Trans Health (PATH).....	\$1,168,502
▪ Department of Community Support Services: Multi-Interdisciplinary Outreach Team.....	\$650,000
▪ Johnson C. Smith University: Community Outreach-Black Birthing Professions.....	\$943,000
▪ Department of Public Health: The Way Forward Community Violence Prevention Plan Implementation.....	\$3,260,500
▪ Department of Public Health: Pediatric Dental Clinic.....	\$1,453,904
▪ Department of Public Health, Infant and Early Childhood Mental Health Services .....	\$845,772
▪ Village HeartBeat, Inc. ....	\$750,000
▪ Vision To Learn: Eye Exams and Prescription Glasses Provided Aboard New Mobile Vision Clinic.....	\$708,114

### ***Childcare and Early Childhood Development***

▪ Castle's Daycare Academy .....	\$450,000
▪ Center For Community Transitions: Families Doing Time .....	\$300,000
▪ Charlotte Bilingual Preschool: Early Learning Center.....	\$3,000,000
▪ Freedom School Partners: 2023-2024 Freedom School Summer Program.....	\$260,000
▪ Greater Enrichment Program: Transportation .....	\$130,000
▪ Mount Carmel Baptist Church: Youth Academic Enrichment Program.....	\$415,000
▪ POP's Passion .....	\$400,000
▪ Save Our Children Movement Inc.: KEFA Tutoring and Mentoring Academy.....	\$782,320
▪ Department of Social Services: Early Childhood System Building .....	\$706,000
▪ StriveCLT: Strive to Thrive.....	\$325,536
▪ YMCA of Greater Charlotte: Parents as Teachers .....	\$250,000

### ***Parks, Environment and Infrastructure***

▪ Town of Davidson: Baccalaureate School Gymnasium Renovation.....	\$2,000,000
▪ Land Use and Environmental Services Agency: Irwin Creek Stream Enhancement Project at the Old City Landfill.....	\$2,350,000
▪ Land Use and Environmental Services Agency: Ambient Air Monitoring Program.....	\$420,000
▪ Department of Park and Recreation: Inclusive and Accessible Playgrounds with Path of Travel.....	\$2,960,000

### ***Workforce and Economic Development***

▪ Academy of Goal Achievers: Goal Achievers Mentor Program.....	\$443,925
▪ Angels and Sparrows Community Table and Resource Center: Pathway Program Enhancements .....	\$395,055
▪ Cakeable Charlotte, Inc.: Cakeable Vocational Training and Café .....	\$810,500
▪ Charlotte Is Creative: Creative Entrepreneurs Initiative .....	\$384,750
▪ Charlotte Mecklenburg Black Chamber of Commerce: Healthcare Workforce Development .....	\$600,000
▪ Mecklenburg County Emergency Medical Services.....	\$1,200,000
▪ Latin American Chamber of Commerce of Charlotte .....	\$1,500,000
▪ Per Scholas: IT Training .....	\$400,000
▪ Public Library: Digital Divide .....	\$2,917,635
▪ The ROC Charlotte, Inc .....	\$900,000
▪ She Built This City: Workforce Development .....	\$540,413
▪ Smart Girls HQ LLC.: Smart Girls Squad STEM Program.....	\$435,800

## **Community Service Grants**

- Ada Jenkins Center (Economic Mobility Services):  
Family stability, education, & financial management for economically vulnerable residents ..... \$30,000
- Camino Community Development (Tu No Estas Solo/You Are Not Alone):  
Bilingual behavioral and mental health services for low-income, uninsured Hispanic/Latino populations..... \$178,000
- Charlotte Rescue Mission (Addiction Recovery Program):  
Comprehensive substance use recovery services ..... \$75,000
- GenOne (College Access & Persistence Services):  
Academic advising, mentoring, financial aid workshops, for first-generation youth ..... \$55,000
- Hope Haven, Inc. (Families Program):  
Therapeutic services for the children of parents facing substance abuse..... \$50,000
- Jewish Family Services of Greater Charlotte (Senior Engagement Services):  
Support for seniors living with financial insecurity..... \$57,180
- Lake Norman Community Health Clinic\* (OurSmiles Dental Collaborative):  
Dental bus serving patients below poverty..... \$100,000
- Mental Health America of Central Carolinas:  
Community education/outreach on mental health and social support for adults with mental illness ..... \$180,000
- Out Teach (The REAL School Gardens):  
Outdoor learning spaces in underserved Title I schools with educational learning labs ..... \$250,000
- Prospera North Carolina, LLC. (Hispanic Business Assistance Program):  
Bilingual assistance to Hispanic entrepreneurs ..... \$75,000
- Time Out Youth Center (Safety Net Housing Project):  
Housing & case management to prevent homelessness for LGBTQIA youth 18-24 ..... \$30,000
- Young Black Leadership Alliance (YLeader Program):  
College/career readiness, financial literacy, & ACT/SAT prep for underserved youth ..... \$150,000
- Youth Advocate Programs, Inc. (Mecklenburg County Youth Advocate Programs):  
Services for high-risk youth and families involved in the child welfare and/or juvenile justice systems..... \$600,000

## **Health Disparities Fund, Access to Care**

- Camino Health Center
- Care Ring
- Charlotte Community Health Center
- C.W. Williams Community Health Center
- Lake Norman Community Health Center
- NC MedAssist
- Shelter Health Services
- Katie Blessing Foundation

## Mecklenburg County Office of Health Equity Grant Programs

### *Village HeartBEAT HUB Grant Program*

▪ Church on the Grow: Healthy cooking classes for seniors .....	\$8,496
▪ Factors of the Seven: Community garden, healthy food program .....	\$11,250
▪ Faith CME Church: Community garden, healthy food program, fitness classes.....	\$19,375
▪ First Baptist Church West: Senior food program, physical activity and health education classes.....	\$18,560
▪ Friendship Missionary Baptist Church: CPR/ First Aid Certification .....	\$8,922
▪ Greater Bethel AME Church: Community garden, walking trail, nutrition and tobacco cessation classes .....	\$17,900
▪ Greater Salem Church: Healthy food access, healthy cooking classes, community ambassador program.....	\$17,900
▪ Greenville Memorial AME Zion Church: Healthy cooking classes, walking trails .....	\$12,000
▪ Life Changing Church: Health seminars, physical activity classes, blood pressure monitoring .....	\$13,010
▪ Moore's Sanctuary AME Zion Church: Physical activity classes for seniors, healthy eating classes, CPR/First Aid.....	\$14,284
▪ Rockwell AME Zion Church: Physical activity classes, health screenings .....	\$14,175
▪ Shiloh Institutional Baptist Church: Community garden, health fair .....	\$10,500
▪ St. Luke Missionary Baptist Church: Healthy food access .....	\$20,000
▪ The Heights Ministries: Food pantry, community garden, diabetes education, healthy cooking classes .....	\$14,400
▪ The Park Church: Healthy food access for unhoused populations, mobile shower, and laundry .....	\$17,500



## Grassroots Grants

▪ AAA Therapeutic Solutions: Exercise, yoga, nutritional and gardening classes.....	\$6,300
▪ Cannon Pharmacy: Diabetes prevention programs.....	\$7,500
▪ CLT Public Relations LLC: Healthy hotel food resources .....	\$17,000
▪ Harmony Health Therapeutic Services: Tobacco Cessation classes, healthy cooking classes .....	\$10,000
▪ Harvesting Humanity: Grassroots train-the-trainer healthy lifestyles program.....	\$10,000
▪ Home4Me: Faith-based senior adult/teen engagement to support healthy cooking, physical activity, and technology classes.....	\$5,605
▪ Iglesias Cristina Puerto Nuevo: Chronic Disease prevention initiatives for Latino community .....	\$15,900
▪ Kika's House: Heart disease prevention through health fairs, health screenings and physical activity classes	\$18,447
▪ Latin American Coalitio: Support for immigrant families including access to healthy food and medical support	\$11,600
▪ Learning Help Centers of Charlotte: Healthy food and physical fitness classes .....	\$20,000
▪ The Bulb: Mobile produce market program.....	\$18,740
▪ Trips for Kids: Youth physical activity through bicycle access at Title I schools.....	\$9,329
▪ Young Explorers Enrichment Center: Youth wellness childhood obesity prevention programs .....	\$9,325
▪ Life Project of North Carolina: Heart health education.....	\$10,000
▪ Anuvia: Walking trail, meditation space, and physical activities facilities for clients.....	\$24,620
▪ Uptown Farmer's Market: Transportation assistance for seniors to access local market .....	\$1,617
▪ Charlotte Rescue Mission .....	\$25,000
▪ The Park Church Community Dev. Corp: Healthy food distribution, physical activity, blood pressure checks, physical activity classes.....	\$11,570

# Acknowledgments

On behalf of the CHA Steering Committee, thank you to all Mecklenburg County residents, community-based organizations, and partners who contributed to the development of the 2023 Community Health Assessment.

Community Health Assessment  
Steering Committee

